



**Report of the 7th Congress of
the Far Eastern Association
of Tropical Medicine**

BRITISH INDIA.

December 5th—10th—24th, 1927.

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The Report on the 7th Congress of the Far Eastern Association of Tropical Medicine was written in four parts Parts I, III and IV dealt with the organization of the Congress in its various aspects and have not been published

PART II.

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- * Colonel C R Bakhle, IMS, I G of Civil Hospitals Punjab, Lahore
- * Lt Col C A Gill IMS, Director of Public Health, Punjab Lahore
- * Mr T F Quirke, I V S, Chief Superintendent, Civil Veterinary Department, Punjab, Lahore

UNITED PROVINCES

- * Colonel R F Baird, IMS, I G of Civil Hospitals United Provinces, Lucknow

- * Lt-Col C L. Dunn I M S Director of Public Health, United Provinces, Lucknow
- * Dr A N Goyle, Plague Research Officer, United Province Lucknow
- * Dr Saranjam Khan Research Officer, United Provinces, Lucknow
- * Rai Bahadur Dr D D Pandya, Assistant Director of Public Health, United Provinces, Lucknow
- * Captain A P Bajpai I M S (*Reid*), MacLaren Leper Hospital Dehra Dun
- * Capt K S Nigam, King George's Medical College, Lucknow

Indian States

BARODA

- * Dr R B Chandrachud, Chief Medical Officer, Baroda State Baroda

BENARES

- * Captain S K. Chaudhri, I M S (*Petd*) Chief Medical Officer Benares State, Ramnagar

BIKANER

- * Dr N J Banlorawalla, Principal Medical Officer Bikaner State Bikaner

DHAR

- * Dr P Sharma State Surgeon, Dhar State Dhar

GWALIOR

- * Major V M Phatak Chief Medical Officer and Sanitary Commissioner, Gwalior State, Gwalior
- * Captain V G Gokhale, Senior Medical Officer, Jaya Arogya Hospital, Gwalior
- * Dr Bhagwatsahaya, Pathologist, J A Hospital Lashkar Gwalior
- * Dr Kishankul Nehru, Sanitary Commissioner, Gwalior State, Gwalior
- * Dr S S Antia, The Mall, Morel, Gwalior

HOLKAR.

- * Rai Bahadur Dr Sarju Prasad, State Surgeon, Indore State, Indore

HYDRABAD.

- * Dr R N Coorlawala, Superintendent, Omania Hospital, Hyderabad, Deccan

- * Major Khaja Moinuddin, Director, Medical and Sanitation Department, Hyderabad
- * Dr S B Surti, Hyderabad
- * Dr. S W. Hardikar, Hyderabad.

MYSORE

- * Dr. S Subba Rao, Medical Officer, Victoria Hospital, Bangalore.
- * Dr J V Karve, Deputy Sanitary Commissioner in Mysore, Mysore
- * Dr Usman, Chief Medical Officer, Mysore State, Mysore.

PATIALA.

- * Dr W G Wince, Chief Medical Officer, Patiala State, Patiala

SARANGARH

- * Dr. A C Sen Gupta, Chief Medical Officer, Sarangarh State, Sarangarh

TRAVANCORE

- * Dr K. Raman Tampi, Inspecting Medical Officer, Travancore State, Trivandrum

Corporations and Municipalities.

BOMBAY

- * Dr J N Mehta King Edward Memorial Hospital, Bombay

CALCUTTA

- * Dr B C Ghose, 3, Balak Dutt Lane, Calcutta

KARACHI

- * Dr Haji Ghulam Hussein Kasim, Rampart Row, Karachi

MADRAS

- * Rao Bahadur Dr O Natesan Mudaliar, Municipal Councillor, 32, Veeraraghava Mudali Street, Triplicane, Madras

RANGOON

- * Dr. K. R Dalal, Health Officer, Rangoon Municipality, Rangoon, Burma

Special Guests of the Government of India.

- * Sir Walter Fletcher, K B E, Secretary, Medical Research Council, 15, Holland Street, London, England
- * Prof Theodore Madsen, Director of the National Institute of Serotherapy of Copenhagen, Denmark, President Health Committee, League of Nations

- * Prof J. W. W. Stephens, F R S , School of Tropical Medicine, Liverpool, England
- * Sir Malcolm Watson, Kt , LL D , Klang, Federated Malay States

Australia.

- * Dr A H Baldwin, Australian Institute of Tropical Medicine, Townsville

Great Britain.

Ministry of Health.

- * Lt Col S P James, M D , I M S , (Retd) Ministry of Health, London.

Ceylon.

- * Dr J F E Bridger, Sanitary Commissioner Colombo
- * Dr S T Gunasekera, Assistant Director of Sanitary Services Colombo
- * Dr L H Hirst

China and Shanghai.

- * Dr E P Hicks, Assistant Commissioner of Public Health Municipality of the International Settlement Shanghai
- * Dr Huchenghsiang Peking Union Medical College Peking
- * Dr Adolf Kessler, Professor of Pharmacology Tung-Chi University, Paulum Hospital, 22R, Burckell Road, Shanghai
- * Dr T C Chin Head of the Health Department Ministry of Interior Peking
- Dr Bernard F Read, Professor, Peking Union Medical College Peking
- * Dr Wu Lein Tsh Plague Preventive Service Harbin
- Dr Charles W Young, Peking Union Medical College Peking

Egyptian Maritime, Sanitary and Quarantine Board.

- * Dr F d Herelle

Federated Malay States.

- * Dr R D Fitzgerald, Principal Medical Officer Johore
- * Dr A R. Wellington, Senior Health Officer F M S Kuala Lumpur

French India.

- * Major V G F Labernache, Chief of the Laboratory of Pondicherry, Pondicherry

- * Major Khaja Moinuddin, Director, Medical and Sanitation Department, Hyderabad
- * Dr. S B Surti, Hyderabad
- * Dr. S W Hardikar, Hyderabad.

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- * Dr Haji Ghulam Hussein Kasim, Rampart Row, Karachi.

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- * Dr L H Hurst

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- * Dr Adolf Hessler, Professor of Pharmacology, Tung Chi University Paulum Hospital, 22R, Burkhell Road, Shanghai
- * Dr T C Chin Head of the Health Department, Ministry of Interior Peking
- Dr Bernard F Read, Professor, Peking Union Medical College Peking
- * Dr Wu Lem Tsh, Plague Preventive Service Harbin
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French India.

- * Major V G F Labernie, Chief of the Laboratory of Pondicherry, Pondicherry

Hongkong.

- * Dr. W B A Moore, C/o Hongkong and Shanghai Bank, 9, Grace Church Street, London, E C 3

Indo-China

- * Dr P Hermant, Medicine Principal, Vinh, Annam
- * Dr E. Jourdran, Director, Local de la Sante du Tonkin, Hanoi

Formosa.

- * Prof Tsugio Horinuchi, Professor, Medical College, Taihoku
Major Tosinobu Miyamoto, Chief Veterinarian for the Research of Animal Diseases, Veterinary Surgeon, Department of Agriculture of Government Research Institute, Taihoku
- * Dr. K Morishita, Government Medical Zoologist, Government Research Institute, Formosa
Dr Shigeru Kribayashi, Chief Medical Officer, Quarantine Office, Keelung

Japan

- * Dr Fusao Fukuda Tokyo Imperial University, Tokyo
- * Dr Seigo Funaoka, Anatomical Institute of Imperial University, Kyoto
- * Dr Sahachiro Hata Professor of Microbiology, Keio Giku University Medical College, Kitasato Institute Tokyo
Dr Kaoru Ishimitsu Doctor of the Osaka Steamship Co, Kobe
- * Col. Katsumi Matsuno, I J A, M C, Imperial Japanese Army, Tokyo.
- * Dr N Nakamura, Veterinary Laboratory, Nishizahara, Tokyo
- * Dr. Yutaka Nakamura, Professor of Bacteriology, Hokkaido Imperial University, Sapporo
- * Dr Naosuke Onodera, Professor of Kyushu Imperial University, Fukuoka
- * Dr. Rokuro Takano, Chief Health Officer, Sanitary Bureau, Ministry of Home Affairs, Tokyo
- * Captain Shin Ichiro Takasugi, Medical Corps Imperial Japanese Navy, Tokyo
- * Dr Tenji Tamuguchi, Member of the Government Institute for Infectious Diseases, Imperial University, Tokyo

Korea.

- Dr (Mrs) Rosetta Sherwood Hall, L.H M, Hospital and Baldwin Dispensary, Keijo

- * Dr Harujiro Kobayashi, Chosen Government General Hospital, Keijo
- * Dr K. Shiga, Dean of the Medical Faculty, Keijo, Imperial University, Chosen

Kwantung.

- * Dr Harumitsu Kubota, Manchuria Medical College, Mukden

League of Nations.

- * Prof Theodore Madsen, Director, National Institute of Serotherapy Copenhagen, Denmark
- * Dr Raymond Gautier, Director, Eastern Bureau, League of Nations, 67, Robinson Road, Singapore

Macao.

- * Captain Peregrino da Costa, Surgeon of the Sanitary Department, Macao

Nepal

- * Dr Siddhiman Acharya Dixit, Katmandu
- * Dr Ganesh Lal Maskey, Assistant Surgeon, Katmandu.

Netherland East Indies.

- * Col S L Brug, Director, Genes Kunding Laboratorium, Weltevreden
- * Dr O Deg, eller, Secrétaire General et Tresorier de l'Association, Weltevreden.
- * Le Major Dr J M Elshout, Chief de l'hospital militaire a Batavia Netherlands
- * Dr B C P Jansen, Chief Chemical Department Medical Laboratory Weltevreden
- * Le Capitaine Dr H de Rook Service Medical Militaire, Netherlands

Philippine Islands.

- * Dr José Fabella, Public Welfare Commissioner Manila
- * Major A Parker Hitchens, Medical Adviser to the Governor General, Manila
- Dr Gabriel Intengan, Philippin Health Service, Manila
- Dr De León, College of Medicine, University of the Philippines, Manila
- * Dr Otto Schödl, M U, Bureau of Science Manila

Portuguese India.

- * Col I Froulano de Mello, Director General of Medical Services in Portuguese India, Nova Goa

Siam.

- * Col Phya (Nai Cheune) Damrong, Director, Hospital Section, The Siamese Red Cross Society, Chulalongkorn Red Cross Hospital Bangkok
- * H S H Prince Vallabhakara, Bangkok
Dr George B McFarland, Bangkok
- Prof T P Noble, Professor of Surgery, Chulalongkorn University, Bangkok
- * Prof Nai Chalern Prommas, Assistant Pathologist, Chulalongkorn University, Bangkok.
- * Dr Luang Chedt, Ministry of Interior, Bangkok.
Captain Laung Prachaks, Ophthalmic Surgeon, Chulalongkorn Red Cross Hospital, Bangkok

Straits Settlements.

- Dr Yves M Biraud, 67, Robinson Road, Singapore
- * Dr A L Hoops, Principal Civil Medical Officer, Singapore
- * Dr J W Scharff, Port Health Officer, Singapore
Prof J L Rosedale, College of Medicine, Singapore

Sumatra.

- Dr W B Doorenbos Catharina Hospital, Kisaran.
- Dr E E Surbek, Central Hospital, Pager Alam, Via Palembang

United States of America.

- * Dr C R Eskey, United States Public Health Service, Manila
- * Dr Victor G Heiser, Rockefeller Foundation 61, Broadway, New York City.
Lt Col Edward, B Vedder, Army Medical Research Board Bureau of Science, Manila
- * Major S A White, Philippines Medical Department, Manila
Dr Cochrane

* The asterisk denotes an official delegate.

LIST OF CHAIRMEN OF SCIENTIFIC SECTIONS ELECTED BY THE COUNCIL.

Subject.	Morning	Afternoon
Monday, 5th December—		
<i>Room A, Section II—</i> Malaria (Control)	Sir Walter Fletcher K B E	Sir Walter Fletcher, K B E
<i>Room B Section I A—</i> Medicine	Lt Col R Row O B E	Dr Banerjee
<i>Room C Section III—</i> Ilgue	Col J D Graham C I E	Lt Col F P Mackie, O B E
<i>Room D, Section I B—</i> Surgery	Major General G Tate V H S	Col Phya Damrong
<i>Room E, Section I—</i> Nutrition	Lt Col Edward B Vedder	Lt Col Edward B Vedder
<i>Room F, Section I C—</i> Dentistry		
<i>Room G Section I C—</i>	Dr S T Gunasekera	
Tuesday, 6th December—		
<i>Room A, Section I—</i> Malaria (General)	Sir Malcolm Watson	Sir Malcolm Watson.
<i>Room B Section I-A—</i> Medicine Dermatology	Dr W B A Moore	Dr Nai Chalern Prommas
<i>Room C, Section III—</i> Cholera	Dr A R Wellingt n	Dr A R. Wellington.
<i>Room D, Section I B—</i> Ophthalmology	Col C. R. Rakh'o	Lt-Col W V. Coppinger

LIST OF CHAIRMEN OF SCIENTIFIC SECTIONS ELECTED BY THE COUNCIL—*contd*

Subject.	Morning	Afternoon.
Tuesday, 6th December—<i>contd.</i>		
<i>Room E, Section V—</i>		
Deficiency	Dr Victor G Heiser	Dr Victor G Heiser
<i>Room F, Section III—</i>		
Plague		Lt Col F P Mackie, OBE
Wednesday, 7th December—		
<i>Room A Section IV—</i>		
Malaria (Treatment)	Prof J W W Stephens	Prof J W W Stephens
<i>Room B, Section II—</i>		
State Medicine	Dr A. L Hoops	H S H Prince Valla bhakara.
<i>Room C, Section III—</i>		
Dysentery, Bacteriophage etc	Prof K Shiga	Lt -Col J Morison
<i>Room D, Section—</i>		
Medicine, Surgery	Prof Tsugio Horuchi	
<i>Room E, Section V—</i>		
Immunology and Chemotherapy	Prof S Hata	Dr Tenji Taniguchi
<i>Room F, Section VI—</i>		
Veterinary	Col Williams R.A.V.C.	Dr N Nakamura
<i>Room G, Section V—</i>		
Deficiency and Nutri- tional Diseases	Dr Victor G Heiser	
Thursday, 8th December—		
<i>Room A, Section IV—</i>		
Kala azar	Lt Col S P James	Col. I Froilano de Mello

**LIST OF CHAIRMEN OF SCIENTIFIC SECTIONS ELECTED BY
THE COUNCIL—*contd***

Subject	Morning	Afternoon
Thursday, 8th December—<i>contd</i>		
<i>Room B, Section II—</i>		
State Medicine	Dr Wu Lien Teh	Dr C R Esley
<i>Room C, Section III—</i>		
Leprosy	Dr J F E Bridger	Dr Otto Schöbl
<i>Room D, Section I—</i>		
Mental Hygiene	Dr Usman	
<i>Room E, Section I—</i>		
Rabies Pharmacology	Dr B C P Jansen	Dr B C P Jansen.
<i>Room F, Section VI—</i>		
Veterinary	Mr J T Edwards	Dr E Jourdan
<i>Room G, Section I—</i>		
Ophthalmology	Lt Col. W V Coppinger	
Friday, 9th December—		
<i>Room A, Section IV—</i>		
Helminthology	Dr Hucheng Hsiang	Dr Hucheng Hsiang
<i>Room B Section II—</i>		
Maternity and Child Welfare	Dr A C Scott	Dr J Fabella
<i>Room C, Section III—</i>		
Bacteriology	Dr F d Herelle	Dr A H Baldwin.
<i>Room D, Section II A —</i>		
Protozoology	Col S L Brug	Section II — Dr Naomike Onodera
<i>Room E Section II B —</i>		
Medical Entomology	Col S R Christophers, C.I.E., O.B.E.	Section II — Col S. R. Christophers, C.I.E., O.B.E.

**LIST OF CHAIRMEN OF SCIENTIFIC SECTIONS ELECTED BY
THE COUNCIL—*concl'd.***

Subject	Morning	Afternoon
Friday, 9th December—<i>cont'd</i>		
<i>Room F, Section III B—</i>		<i>Section II—</i>
Tuberculosis	Major A Parker Hitchens	Dr Kingtzechin.
<i>Room G, Section III—</i>		<i>Section I—</i>
Cholera	Dr A R Wellington	Prof S Hata
Saturday, 10th December—		
<i>Room A Section IV—</i>		
Kala azar and Proto- zoology	Lt Col S P James	
<i>Room B, Section II—</i>		
Maternity and Child Welfare	Dr A C Scott	
<i>Room C Section III—</i>		
Bacteriology	Dr A H Baldwin	
<i>Room D, Section I—</i>		
Mental Hygiene and Radiology	Dr E Jourdran	
<i>Room E, Section V—</i>		
Medical Entomology and Helminthology	Col S R Christophers, C I E, O B E	,
<i>Room F, Section VI—</i>		
Veterinary	Mr J T Edwards	

RAPORTEURS OF SCIENTIFIC SECTIONS.

<i>Medicine</i>	Dr J M Henderson,	Bengal
<i>Surgery</i>	Lt Col E W C Bradfield, O B E, I M S,	Madras.
<i>Dentistry</i>	Mr J E Gill,	Bengal
<i>Plague</i>	Lt Col J Taylor, D S O I M S	Burma
<i>Malaria (Control)</i>	Lt Col C A Gill, I M S,	Punjab
<i>Malaria (General)</i>	Bt -Col S R Christophers, C I E, O B E, K H P, F R S, I M S,	Punjab
<i>Malaria (Treatment)</i>	Major J A Sinton, V C, O B E, I M S	Punjab
<i>Nutritional Diseases</i>	Major Clive Newcomb, I M S,	Madras
<i>Deficiency Diseases</i>	Major Clive Newcomb, I M S,	Madras
<i>Pathology</i>	Major G Shanks, I M S,	Bengal
<i>Ophthalmology</i>	Major E O G Kirwan, I M S,	Bengal
<i>Gynaecology, etc</i>	Dr M I Balfour, W M S,	Bombay
<i>Cholera</i>	Lt Col A J H Russell, O B E, I M S,	Madras
<i>State Medicine</i>	Major G G Jolly, C I E, I M S,	Burma
<i>Dysentery and Bac- terio-phage</i>	Lt Col J Morison, I M S	Burma
<i>Immunology</i>	Captain K R K Iyengar, I M S,	Punjab
<i>Veterinary</i>	Mr F Ware, I V S,	Madras
<i>Mental Hygiene</i>	Lt Col Owen Berkeley Hill, I M S,	Bihar and Orissa
<i>Radiology</i>	Lt -Col. J A Shorten, I M S,	Bengal
<i>Leprosy</i>	Dr F Muir,	Bengal
<i>Kala-azar</i>	Dr L E Napier,	Bengal
<i>Helminthology</i>	Dr V T Korke	Bihar and Orissa
<i>Pharmacology</i>	Lt Col R N Chopra, I M S,	Bengal
<i>Maternity and Child Welfare</i>	Dr Routh Young, W M S,	Delhi
<i>Bacteriology</i>	Capt K. R. K. Iyengar, I M S,	Punjab
<i>Tuberculosis</i>	Dr A C Ukil	Bengal
<i>Protozoology, Pseudo- typhus, etc</i>	Lt Col R Knowles, I M S,	Bengal
<i>Medical Entomology</i>	Capt P J Barraud,	Punjab

**LIST OF CHAIRMEN OF SCIENTIFIC SECTIONS ELECTED BY
THE COUNCIL—*concl'd.***

Subject	Morning	Afternoon
Friday, 9th December—<i>cont'd</i>		
<i>Room F, Section III B—</i>		<i>Section II—</i>
Tuberculosis	Major A Parker Hitchens	Dr Kingtzechin.
<i>Room G, Section III—</i>		<i>Section V—</i>
Cholera	Dr A R Wellington	Prof S Hata
Saturday, 10th December—		
<i>Room A, Section IV—</i>		
Kala azar and Protozoology	Lt Col S P James	
<i>Room B, Section II—</i>		
Maternity and Child Welfare	Dr A C Scott	
<i>Room C Section III—</i>		
Bacteriology	Dr A H Baldwin	
<i>Room D, Section I—</i>		
Mental Hygiene and Radiology	Dr E Jourdan	
<i>Room E, Section V—</i>		
Medical Entomology and Helminthology	Col S R Christophers, C I E, O B E	
<i>Room F, Section VI—</i>		
Veterinary	Mr J T Edwards	

RAPPORTEURS OF SCIENTIFIC SECTIONS.

<i>Medicine</i>	Dr J M. Henderson,	Bengal
<i>Surgery</i>	Lt Col E W C Bradfield, OBE, IMS,	Madras.
<i>Dentistry</i>	Mr J E Gill,	Bengal
<i>Plague</i>	Lt Col J Taylor, DSO, IMS,	Burma.
<i>Malaria (Control)</i>	Lt-Col C A Gill, IMS,	Punjab
<i>Malaria (General)</i>	Bt Col S R Christophers, CIE, OBE, KHP, FRS, IMS,	Punjab
<i>Malaria (Treatment)</i>	Major J A Sinton, VC, OBE, IMS,	Punjab
<i>Nutritional Diseases</i>	Major Clive Newcomb, IMS,	Madras
<i>Deficiency Diseases</i>	Major Clive Newcomb, IMS,	Madras
<i>Pathology</i>	Major G Shanks, IMS,	Bengal
<i>Ophthalmology</i>	Major E O'G Kirwan, IMS,	Bengal
<i>Gynaecology, etc</i>	Dr M I Balfour, WMS,	Bombay
<i>Cholera</i>	Lt Col A J H Russell, CBE, IMS,	Madras
<i>State Medicine</i>	Major G G Jolly, CIE, IMS,	Burma
<i>Dysentery and Bacteriophage</i>	Lt Col J Monson IMS	Burma
<i>Immunology</i>	Captain K R K Iyengar, IMS,	Punjab.
<i>Veterinary</i>	Mr F Ware, IVS,	Madras
<i>Mental Hygiene</i>	Lt-Col Owen Berkeley Hill, IMS,	Bihar and Orissa
<i>Radiology</i>	Lt Col. J A Shorten, IMS,	Bengal
<i>Leprosy</i>	Dr E Muir,	Bengal
<i>Kala azar</i>	Dr L E Napier	Bengal
<i>Helminthology</i>	Dr V T Korke	Bihar and Orissa
<i>Pharmacology</i>	Lt Col R N Chopra, IMS,	Bengal
<i>Maternity and Child Welfare</i>	Dr Routh Young, WMS,	Delhi
<i>Bacteriology</i>	Capt K. R K Iyengar, IMS,	Punjab
<i>Tuberculosis</i>	Dr A C Ulal,	Bengal
<i>Protozoology, Pseudo-typus, etc</i>	Lt-Col R Knowles, IMS,	Bengal
<i>Medical Entomology</i>	Capt P J Barraud,	Punjab

A RESUME OF THE PROCEEDINGS OF THE 7TH CONGRESS OF THE FAR EASTERN ASSOCIATION OF TROPICAL MEDICINE.

December 5th, 1927.

The Delegates and Representatives of the different countries attending the Congress began to arrive in Calcutta from December 1st onwards. They were met on arrival by the General Organizing Secretary and the Local Secretary Treasurer supported by a number of voluntary helpers who assisted the delegates to disembark their luggage and directed them to their places of residence.

Saturday, December 3rd.

The Information Bureau at the Congress buildings was open throughout the day for the registration of members, the distribution of membership cards and badges and invitations and the selection of excursions.

Sunday, December 4th.

The Information Bureau was again open from 10 A.M. to 4 P.M. At 4 P.M. the General Meeting of Official Delegates and Representatives with the President Major General T. H. Symons, in the chair, was held at the Congress buildings to nominate members to the Council of the Association. Immediately afterwards the first Council Meeting was held, the President again presiding. Special Church Services in connection with the Congress were held in St. Paul's Cathedral (Church of England) and in St. Andrews Church (Church of Scotland).

Monday, December 5th.

The 7th Congress of the Far Eastern Association of Tropical Medicine was officially opened by His Excellency the Governor of Bengal at the University Senate House at 10 A.M. Over 900 distinguished guests, delegates and members attended the function. His Excellency first read a message of welcome from His Excellency the Viceroy and then addressed the assembly. The President of the Association, Major General T. H. Symons, Director-General, Indian Medical Service, next delivered his presidential address. The official proceedings then terminated and the delegates proceeded to the opening sessions of the scientific sections.

The number of scientific communications received necessitated their allotment into six separate sections which met more or less simultaneously throughout the week.

The morning from 11 A.M. to 1 P.M. was occupied by the opening sessions of sections IV (Malaria), I A (Medicine), III (Plague), I B (Surgery), V (Nutritional diseases) and I C (Dentistry) (See Scientific Programme).

By special arrangement beforehand the section on Plague was held as follows: I A, I B, I C, I D, I E, I F, I G, I H, I I, I J, I K, I L, I M, I N, I O, I P, I Q, I R, I S, I T, I U, I V, I W, I X, I Y, I Z, I AA, I AB, I AC, I AD, I AE, I AF, I AG, I AH, I AI, I AJ, I AK, I AL, I AM, I AN, I AO, I AP, I AQ, I AR, I AS, I AT, I AU, I AV, I AW, I AX, I AY, I AZ, I BA, I BB, I BC, I BD, I BE, I BF, I BG, I BH, I BI, I BJ, I BK, I BL, I BM, I BN, I BO, I BP, I BQ, I BR, I BS, I BT, I BU, I BV, I BW, I BX, I BY, I BZ, I CA, I CB, I CC, I CD, I CE, I CF, I CG, I CH, I CI, I CJ, I CK, I CL, I CM, I CN, I CO, I CP, I CQ, I CR, I CS, I CT, I CU, I CV, I CW, I CX, I CY, I CZ, I DA, I DB, I DC, I DD, I DE, I DF, I DG, I DH, I DI, I DJ, I DK, I DL, I DM, I DN, I DO, I DP, I DQ, I DR, I DS, I DT, I DU, I DV, I DW, I DX, I DY, I DZ, I EA, I EB, I EC, I ED, I EE, I EF, I EG, I EH, I EI, I EJ, I EK, I EL, I EM, I EN, I EO, I EP, I EQ, I ER, I ES, I ET, I EU, I EV, I EW, I EX, I EY, I EZ, I FA, I FB, I FC, I FD, I FE, I FF, I FG, I FH, I FI, I FJ, I FK, I FL, I FM, I FN, I FO, I FP, I FQ, I FR, I FS, I FT, I FU, I FV, I FW, I FX, I FY, I FZ, I GA, I GB, I GC, I GD, I GE, I GF, I GG, I GH, I GI, I GJ, I GK, I GL, I GM, I GN, I GO, I GP, I GQ, I GR, I GS, I GT, I GU, I GV, I GW, I GX, I GY, I GZ, I HA, I HB, I HC, I HD, I HE, I HF, I HG, I HH, I HI, I HJ, I HK, I HL, I HM, I HN, I HO, I HP, I HQ, I HR, I HS, I HT, I HU, I HV, I HW, I HX, I HY, I HZ, I IA, I IB, I IC, I ID, I IE, I IF, I IG, I IH, I II, I IJ, I IK, I IL, I IM, I IN, I IO, I IP, I IQ, I IR, I IS, I IT, I IU, I IV, I IW, I IX, I IY, I IZ, I JA, I JB, I JC, I JD, I JE, I JF, I JG, I JH, I JI, I JJ, I JK, I JL, I JM, I JN, I JO, I JP, I JQ, I JR, I JS, I JT, I JU, I JV, I JW, I JX, I JY, I JZ, I KA, I KB, I KC, I KD, I KE, I KF, I KG, I KH, I KI, I KJ, I KK, I KL, I KM, I KN, I KO, I KP, I KQ, I KR, I KS, I KT, I KU, I KV, I KW, I KX, I KY, I KZ, I LA, I LB, I LC, I LD, I LE, I LF, I LG, I LH, I LI, I LJ, I LK, I LL, I LM, I LN, I LO, I LP, I LQ, I LR, I LS, I LT, I LU, I LV, I LW, I LX, I LY, I LZ, I MA, I MB, I MC, I MD, I ME, I MF, I MG, I MH, I MI, I MJ, I MK, I ML, I MM, I MN, I MO, I MP, I MQ, I MR, I MS, I MT, I MU, I MV, I MW, I MX, I MY, I MZ, I NA, I NB, I NC, I ND, I NE, I NF, I NG, I NH, I NI, I NJ, I NK, I NL, I NM, I NN, I NO, I NP, I NQ, I NR, I NS, I NT, I NU, I NV, I NW, I NX, I NY, I NZ, I OA, I OB, I OC, I OD, I OE, I OF, I OG, I OH, I OI, I OJ, I OK, I OL, I OM, I ON, I OO, I OP, I OQ, I OR, I OS, I OT, I OU, I OV, I OW, I OX, I OY, I OZ, I PA, I PB, I PC, I PD, I PE, I PF, I PG, I PH, I PI, I PJ, I PK, I PL, I PM, I PN, I PO, I PP, I PQ, I PR, I PS, I PT, I PU, I PV, I PW, I PX, I PY, I PZ, I QA, I QB, I QC, I QD, I QE, I QF, I QG, I QH, I QI, I QJ, I QK, I QL, I QM, I QN, I QO, I QP, I QQ, I QR, I QS, I QT, I QU, I QV, I QW, I QX, I QY, I QZ, I RA, I RB, I RC, I RD, I RE, I RF, I RG, I RH, I RI, I RJ, I RK, I RL, I RM, I RN, I RO, I RP, I RQ, I RR, I RS, I RT, I RU, I RV, I RW, I RX, I RY, I RZ, I SA, I SB, I SC, I SD, I SE, I SF, I SG, I SH, I SI, I SJ, I SK, I SL, I SM, I SN, I SO, I SP, I SQ, I SR, I SS, I ST, I SU, I SV, I SW, I SX, I SY, I SZ, I TA, I TB, I TC, I TD, I TE, I TF, I TG, I TH, I TI, I TJ, I TK, I TL, I TM, I TN, I TO, I TP, I TQ, I TR, I TS, I TT, I TU, I TV, I TW, I TX, I TY, I TZ, I UA, I UB, I UC, I UD, I UE, I UF, I UG, I UH, I UI, I UJ, I UK, I UL, I UM, I UN, I UO, I UP, I UQ, I UR, I US, I UT, I UY, I UZ, I VA, I VB, I VC, I VD, I VE, I VF, I VG, I VH, I VI, I VJ, I VK, I VL, I VM, I VN, I VO, I VP, I VQ, I VR, I VS, I VT, I VY, I VZ, I WA, I WB, I WC, I WD, I WE, I WF, I WG, I WH, I WI, I WJ, I WK, I WL, I WM, I WN, I WO, I WP, I WQ, I WR, I WS, I WT, I WY, I WZ, I XA, I XB, I XC, I XD, I XE, I XF, I XG, I XH, I XI, I XJ, I XK, I XL, I XM, I XN, I XO, I XP, I XQ, I XR, I XS, I XT, I XU, I XV, I XW, I XX, I XY, I XZ, I YA, I YB, I YC, I YD, I YE, I YF, I YG, I YH, I YI, I YJ, I YK, I YL, I YM, I YN, I YO, I YP, I YQ, I YR, I YS, I YT, I YU, I YV, I YW, I YX, I YY, I YZ, I ZA, I ZB, I ZC, I ZD, I ZE, I ZF, I ZG, I ZH, I ZI, I ZJ, I ZK, I ZL, I ZM, I ZN, I ZO, I ZP, I ZQ, I ZR, I ZS, I ZT, I ZU, I ZV, I ZW, I ZX, I ZY, I ZZ.

2 to 4 P.M.

At 4 30 P.M. the Director and Staff of the Calcutta School of Tropical Medicine were 'At Home' to the foreign official delegates and members and their wives and later to all members of the Congress. This function coincided with the opening of the Scientific Exhibition which was for the most part housed therein and the members spent a very enjoyable afternoon inspecting the school and the exhibits.

At 9 30 P.M. the official delegates and members attended a reception given at Government House by His Excellency the Governor of Bengal. Many of the delegates had the honour of being presented to His Excellency and the Hon'ble Lady Jackson. They also had the opportunity of meeting each other and many of the leading citizens of Calcutta. The Commercial Exhibition was open to members of the Congress throughout the day.

Tuesday, December 6th.

The morning from 10 to 1, and the afternoon, from 2 to 4 were wholly occupied with sectional meetings under the chairmen of the various sections.

At 1 o'clock the foreign delegates were entertained to lunch by the Calcutta Rotary Club when an address on the International Relationship of India in regard to Public Health was delivered by Col J. D. Graham I.M.S. the Public Health Commissioner with the Government of India.

Between 4 and 7 P.M. separate parties of members visited the Calcutta Medical College, the Presidency General Hospital and the Indian Association for the cultivation of Science where Professor C. V. Raman F.R.S., gave demonstrations of his work on surface tension and λ ray analysis.

During the afternoon the Bengal Presidency Council of Women gave a garden party in the grounds of H. E. the Viceroy's residence Belvedere, to which all the lady members and wives of members of the Association were invited.

At 9 30 P.M. Sir J. C. Bose, C.S.I., C.I.E., F.R.S., gave an address on plant and animal response to various artificial stimuli which was well attended by the members of the Congress.

Wednesday, December 7th.

The Scientific Sections met once more between 10 to 1 and 2 to 4 according to the pre-arranged programme. A demonstration of cinema films of Public Health interest was given at Madan's Cinema theatre to members of the Congress between 2 and 4.

At 4 30 P.M. the Asiatic Society of Bengal gave an interesting 'At Home' to the foreign members of the Congress when the valuable literary and art treasures belonging to the Society were laid open for inspection. In the evening the Trustees of the Indian Museum provided a very successful conversation in the Museum at which His Excellency the Governor and the Hon'ble Lady Jackson were present and to which all delegates and members of the Congress were invited. The various departments of the Museum were exhibited to the members by the staff of the museum.

Thursday, December 8th.

The 2nd meeting of the Council was held in Committee Room No 1 at 9 A M

The Scientific Sections held their meetings as usual from 10 A M to 1 P M and 2 to 4 P M

The Expert Plague Committee of the League of Nations with co-opted expert members of the F E A T M met in committee to consider recommendations as to important lines of further investigation in regard to Plague. From 3 to 4 P M a second demonstration of cinema films of scientific interest to the Carmichael
.. .. . al Chemical and

Friday, December 9th.

The reading of papers and discussions in the various Scientific Sessions again occupied the time from 10 A M to 1 P M and 2 to 4 P M

The Expert Plague Committee of the League of Nations held its second meeting

During the course of the afternoon the members attended a garden party at Government House given by H E the Governor and the Hon'ble Lady Jackson where they once more had the opportunity of meeting the citizens of Calcutta. Dr Rabindranath Tagore at 6 o'clock gave a special performance of his play 'Rituranga' at his own house to which he invited the foreign members and their wives.

Saturday, December 10th.

The 3rd meeting of the Council was held at the Congress buildings at 9 A M.

From 10 to 12 A M the final meetings of the scientific sections were held to complete the business of the sections and pass resolutions. The general business meeting of the Association was held in the University Senate House at 12 noon. Sir Muhammad Habibullah, the Hon'ble Member of H E the Viceroy's Council for the portfolio of Education, Health and Lands, attended the meeting and addressed the delegates at its conclusion. He also paid an official visit to the Congress buildings and inspected the scientific and commercial exhibitions during the course of the afternoon.

The afternoon from 2-30 onwards was devoted to excursions to various places of interest in the locality. A large party of delegates and members were the guests of the Port Commissioners and undertook a river trip to the Botanical Gardens where they had tea. Other parties visited the Calcutta Water Works and the Anti-malarial Co-operation Society's work at Panhati and others again patronized organized excursions round Calcutta visiting the temples, burning ghats and other well-known sights of the city.

The Congress Dinner was held at 8 P M at H E the Viceroy's residence, Belvedere, graciously lent for this purpose by His Excellency the Viceroy.

H E Sir Stanley Jackson presided and the Hon ble Lady Jackson graced the occasion with her presence Over 400 sat down to dinner During the

to a close

The Congress Exhibition

At the Congress an exhibition was organized This exhibition was divided into two parts The object of the former was to place before the Congress some of the research work which is at present being done in India in connection with medicine, surgery, public health veterinary science and other specialities The latter showed samples of medical equipment and Indian handicrafts The inside of the exhibition hall was crowded with their friends Both exhibitions in spite of the small amount of time available during the Congress week were well attended by the delegates Sir Muhammad Habibullah the Hon ble Member for Education Health and Lands visited the exhibitions on the afternoon of December 10th Separate catalogues were prepared for each Exhibition These will be included in the completed Transactions of the Congress By order of the Council a diploma of merit was issued to the firms who exhibited in the Commercial Exhibition

MESSAGE FROM HIS EXCELLENCY THE VICEROY TO THE DELEGATES AND MEMBERS OF THE 7TH CONGRESS OF THE FAR EASTERN ASSOCIATION OF TROPICAL MEDICINE.

'It is with great pleasure and with a keen sense of the importance of the occasion that I welcome your Association to day. India early recognized the possibilities of the movement which started, I understand by the enterprise of a small group of earnest men, and until now it embraces nearly all the countries of the East, and is recognized as the most representative of the public health and disease of the tropics. I am highly gratified to have the opportunity of welcoming its members to India, where there are still such great opportunities for those interested in medical research. Indian representatives on your Association have been hospitably entertained in the past in Manila, Hongkong, Saigon, Java, Singapore and Tokyo. I trust that our guests may carry away as pleasant recollections of the Congress as our own delegates preserve of previous gatherings elsewhere.

'I wish your Congress all success. I feel sure that the free interchange of thought and the opportunities for meeting, under pleasant social conditions, workers of different nationalities and of varying experience will have a real value for those who are gathered here to day.'

GENTLEMEN,

I deem it a great privilege to have the honour of opening this Congress to-day His Excellency the Viceroy has asked me to convey a message to you which I will now read

(His Excellency then read H E the Viceroy's message)

Gentlemen this is the Seventh Congress of the Far Eastern Association of Tropical Medicine though it is the first to be held in Calcutta.

The history of medicine in India begins with the Vedas, which are believed to date back to 1500 B C, but the best known names in connection with Indian medicine are Sushruta and Charaka who flourished about five or six hundred years before the beginning of the Christian era

Their writings are, I understand still revered by many practitioners of medicine in India and all of us can unite in paying homage to these great men of old who lived and worked before the time of Hippocrates

The modern history of medicine in Calcutta contains some names of special interest to workers on tropical diseases The names of Timothy Lewis and Cunningham will be familiar to many of you Their work was done at a time when interest in medical research was low and so their discoveries have not received the recognition which they deserve

It is a discovery which was made by Sir Ronald Ross here You will be interested to see how he toiled and wrestled from Nature her jealously guarded secret of the transmission of malaria It is a matter of great regret that Sir Ronald now full of years and honours is prevented by ill health from being with us to-day

You are also familiar with the work of Sir Leonard Rogers who worked for many years in the Medical College where many of your meetings will be held

Sir Leonard was not merely a research worker, but was responsible for the erection of the new School of Tropical Medicine and Hygiene in which a small band of workers are engaged in pursuing the researches which were done by Ross and his school in Calcutta and his perseverance

There are men who are now engaged in medical research in Calcutta and

and the other countries of the Far East as well as workers from America and Europe.

Your presence here is most gratifying and for two reasons One is that we may show you what is being done here, and what is perhaps more im-

portant, that we may learn from you and obtain suggestions for the improvement of our work

Among our welcome enemies in the domain of public health they possess a many of them have fought all their professional lives with these enemies of humanity and in many cases have defeated and exterminated them

During your visit you will discover and appreciate the vastness and complexity of the problems which confront our workers in India, and if you make your survey of India in a sympathetic spirit, you will probably realize the serious efforts which are being made in Bengal and all over India for the control of disease

From the early days of British rule in India the importance of public health was realized but the policy of Government was based on the view that it was necessary, first of all, to educate the people and to secure their goodwill towards public health measures. For this reason attention was first concentrated chiefly on medical relief. This may not have been the quickest way, but it was probably the surest and safest and that the policy has justified itself is proved by a steadily growing demand not merely for doctors, but also for health officers

Prevention is better than cure, but we cannot force preventive measures on unwilling people any more than we can compel a horse to drink merely by bringing him to the water

There are some hopeful signs in Bengal. I am informed that thousands of people are coming for intravenous injections for the treatment of kala azar, which is one of our special scourges

Inoculation against cholera is readily accepted by people who a few years ago would have resisted to the death. People with early leprosy are coming forward in numbers for treatment, and generally there is a gratifying increase of the receptiveness of the people for modern methods of treatment and prevention of disease. Another hopeful sign of the times is the rapid rise of voluntary co-operative societies for the control of malaria and kala-azar the success of these is chiefly due to the efforts of a former Assistant of Sir Leonard Rogers—Rai Bahadur Dr. Gopal Chandra Chatterjee

The awakening of a spirit of self help is a great advance, it greatly facilitates the work of Government agencies and it is likely that Dr. Bentley will be able to show you how rapidly the attitude of the people is changing. Apathy and indifference are disappearing and in many places there is an embarrassing demand for preventive measures, especially against cholera. More inoculations against this disease have been carried out in the past few months than in all the years since the introduction of anti cholera inoculation. If we lay stress on the hopeful signs you must not imagine that we minimize the difficulties which still lie ahead. The obstacles to advance have not yet been swept away, but it is important that they are beginning to yield and it is likely that we are approaching a period of interest in public health, which will require even more tactful handling than the prolonged apathy of former generations

Research work appears to have outstripped the practical application of the results of research but we cannot afford to call a halt in research. Every new important discovery has a great value in promoting the efficiency and economy of public health measures. The recent discoveries in connection

Such a Congress as this should be welcomed to Bengal as a relieving army to the besieged. We in this Presidency are unfortunately the victims of several virulent scourges such as cholera which at the moment is very rife, malaria and kala azar and we are hopefully looking to the results of your deliberations to help us along the road towards some relief.

I beg to offer this Congress a hearty welcome to this city and to Bengal and to express the hope that their stay here may prove enjoyable and that your memories when you leave will be in all respects satisfactory and agreeable.

PRESIDENTIAL ADDRESS DELIVERED BY MAJOR-GENERAL T. H. SYMONS, C.S.I., K.H.S., I.M.S., DIRECTOR-GENERAL, INDIAN MEDICAL SERVICE, PRESIDENT, 7TH CONGRESS, F. E. A. T. M. AT THE OPENING CEREMONY, DECEMBER 5TH, 1927.

YOUR EXCELLENCY, LADIES AND GENTLEMEN,

It is my pleasure to extend a welcome to you and the great India realized by you. I am glad to be able to leave your work and country in order to attend this conference, and for this reason we are all the more pleased to see you. This is the first time the F. E. A. T. M. has honoured India in making it its centre of activities, and I can only hope that it will not be the last. I can assure those who have come from afar that India is prepared to give you of its best and we hope most sincerely that you will go away with very pleasant recollections of your visit.

As President of this great assembly I am sure you would like me to take this opportunity of expressing our thanks to His Excellency Lord Irwin the Viceroy of this great country for his message of welcome, sympathy and encouragement which His Excellency Sir Stanley Jackson has just read out to us. It is most fortunate that we should have at the head of the administration of this country a man of such sterling qualities, immense capabilities and sympathetic tendencies towards our work and we regret most sincerely, that His Excellency is not able to be here to-day. Our thanks are also due to His Excellency for permitting us to hold the conference dinner at his Calcutta residence, viz., Belvedere. This concession we greatly appreciate, and consider it a great honour conferred upon us.

His Excellency Sir Stanley Jackson, the Governor of this Presidency most kindly consented to open the conference and it is my pleasurable duty, Sir, to thank you on behalf of all present, not only for coming here to-day and opening the conference at no inconsiderable inconvenience to yourself, but also for taking such an interest in the proceedings and extending your hospitality to members at a Garden Party and a Reception at Government House. We greatly appreciate the alacrity with which you so kindly consented to hold the conference on Saturday morning which

I would like also to thank this City of Calcutta for the welcome which it has extended to the members of the congress. Everything that the office bearers have asked for has been granted and all who have been approached have been unstinting in their efforts to make the meeting a success. One has to remember that life in a city like this is very strenuous. Everybody, who is anybody, is hard at it from early morning to dewy eve. Knowing this fact therefore, we appreciate all the more what has been done and are correspondingly grateful.

I do not know if this is the time and place for thanking individual member of the staff but I would like to put it on record how much we appreciate the work done by the General Organizing Secretary, Colonel Cunningham.

It is he who has been the life and drive of all the arrangements and I feel sure that you will most heartily endorse my remarks when during the period of your stay in India you begin to realize for what he has been responsible

Reason for these Conferences—These Conferences—and the same applies to all medical conferences the world over—are held for mainly one purpose, viz the increase of our knowledge of disease. Race, religion colour and sect form no barriers where scientific medicine is concerned. If we as a

It is an important feature of such congresses as this that they emphasize to our profession and to the public the great importance of measures against disease in tropical countries and bring home to the Governments of such countries a fuller realization that the organization of an adequate public health administration is one of the greatest of their many responsibilities

Workers—Whenever I think of the work done and often under the most adverse conditions by the members of medical scientific associations it always leaves me with two very satisfactory feelings. The first is the amount of work which is being carried on whereby the secrets of nature are being investigated and turned to the advantage of mankind generally the second that I have the honour of being a member of that profession which I have no hesitation in saying is second to none. Instances are many where the worker has gone out into the garden of pestilence never to return. The death in 1924 of Major Cragg I.M.S. from typhus fever which he was investigating was a serious loss to our research department while the recent tragic death of Adrian Stokes is so fresh in your memories that it requires no words of mine to remind you of it. He met his death whilst putting the finishing touches to an investigation of one of the most virulent and fatal diseases known to man. We learn from his latest dispatches that—to quote his own words—

We have the fish hooked all right and unless we are careless and break the tackle it will only be a question of time and yet when the goal was in sight and the battle practically won he who was largely responsible for all that had been done was not allowed to see the ultimate and successful results of his labours. Ladies and gentlemen it is men like Cragg and Stokes whom we honour and admire and since fate decreed that their lives should be forfeit for the work that they accomplished it will not prevent other workers putting their hands to the plough and bringing to a completion that which they had so nearly finished. Those who are trying to wrest from Nature her secrets in connection with disease are invariably faced with dangerous possibilities but they take the risks knowing full well that the knowledge gained will be well worth the risk involved.

As
year
was

ion with this
second in the
Then there

before the next conference was held. The resuscitation was due to the energies of the Dutch scientists in Java and naturally the conference was held

in that Island The fifth was held at Singapore in 1923 and the sixth in Japan in 1925

In looking up previous Presidential addresses I note there has been no uniformity in the subject selected by the various past Presidents, so with your kind permission I am going to take as my theme the principal epidemic diseases encountered in this country pointing out, where possible, what has been done and noting in passing the difficulties which are constantly with us I have ventured to adopt this method of procedure because of the im-

When you start off on your tour you is the great distances which I may be permitted to quote a few as it will serve to bring home this fact in the most practical manner—

	Miles
Calcutta to Bombay	1,349
Calcutta to Delhi	902
Calcutta to Peshawar	1,500
Calcutta to Madras	1,032
Calcutta to Dibrugarh	830
Delhi to Bombay	865
Delhi to Madras	1,569
Delhi to Tuticorin	2,013
Delhi to Peshawar	585

Then we have Burma which is 3 days by sea from Calcutta

Now, ladies and gentlemen, you will realize from what I have just read out to you that India is not a country, in the ordinary sense of the word, is If you grasp this fact you will at of tackling all the interesting and im portant questions which arise in connection with epidemic diseases

Another point—India is a country of many races, religions and languages. You may say there are many languages, religions, etc., even in Europe, but I can assure you that the north and south inhabitants of Europe are by no means so far apart as the north and south population of this country If I were asked to point out similarities between the Pathan of N W India and the Tamil in Tuticorin I would find it difficult to do so

nobody more alive to this fact than the medical connection specific difficulties exist Practically all medical relief in this

country is state aided and the state or rather multiples of states are—like most other states in the world—in a chronic condition of trying to balance their budgets. Help from private individuals, those who could afford to come forward handsomely, is not so frequent as we would wish. Moreover, when we are presented with a hospital very rarely is it endowed so that not infrequently its utility is seriously interfered with for want of funds. Then we have the psychology of the population to consider. The average individual either through ignorance or apathy—more frequently the two combined—does not want any improvement in the standard of living. He is quite content to carry on in the same groove as his ancestors did before him, and you may take it from me that it takes a mighty big jolt to shift him out of that rut. There are some who speak disparagingly of the work done by the medical profession in India. They either know nothing concerning the subject, or do not realize what the profession is up against. There may be instances where individuals have not perhaps given of their best, that applies to every walk in life, but, speaking as the head of the medical profession in this country, I can assure you that we are quite prepared that our work should be judged by the best of all judges and critics, viz., time, feeling confident that the mound of knowledge which we have helped to erect, the work which has been carried out, on occasions even with loss of life, will stand as a monument to our activities and testify to what was done to try and improve the conditions.

world wide nature. I have only to mention cholera and plague to create many thoughts and remind you of many incidents in connection with these two scourges. Then again India is rife with diseases like enteric fever, malaria, venereal, kala-azar, smallpox and the like. A lot has been done

early number is—*

4½ lakhs on April 2nd

8 lakhs on April 13th.

Actual number of epidemic diseases—

4 of Smallpox

35 of Pneumonia

7 of Dysentery

168 of Diarrhoea

53 of which proved to be true Cholera

during a period of 90 days and only 58 cases of

requires the spark to bring about an enormous outbreak. I visited the town just before the most important day and was greatly impressed by the

prophylactic measures which had been put into practice. Protection of such a number against cholera by inoculation was impossible, even if the pilgrims had been willing to submit to it. I have mentioned the above incident, because it demonstrates concretely the kind of problems which the public health department is called upon to face in India and, incidentally, the very thorough manner in which it was tackled.

Plague is another disease which causes us a great amount of anxiety. It was first introduced into Bombay in 1896, and, finding a suitable soil, and

* A lakh = 100,000.

immediate and complete evacuation of the infected area. Thanks to the original work done in the Research Institute at Bombay a vaccine was discovered which has proved to be most effective as a prophylactic. Nowadays immense quantities of this prophylactic are being used annually. In the Province of the Punjab alone seven lakhs (700 000) of doses were given during 1926. This will give you some idea of the work. Such of you as go on the tour will be able to see the large scale production of this vaccine at the Haffkine Institute Bombay.

Malaria yearly claims many victims in fact far too many. The prevention of this disease in a country like India is a matter on which those of you who are interested will be able to take part in the discussions of the scientific sessions. We are deeply sorry not to have had Sir Ronald Ross himself to take part in these discussions the more so in that his absence has been due to ill health. I am glad to say however that we have with us Sir Malcolm Watson, Professor Stephens and Colonel James all of whose work on this disease is so well known.

India is a land of extremes and the variation in conditions between the monsoon and the dry season is one of our special difficulties. The age long excavations around the villages and habitations is another difficulty less known in newer lands. In your tour you will have an opportunity of seeing some of the anti malarial problems and the work done and still to be done at the Imperial Capital of Delhi and some other places.

Other diseases which are very prevalent in India are ankylostomiasis, especially in Madras, Assam and the West Coast where the climatic conditions are exceptionally favourable for its existence and spread. Kala azar which was a great stumbling block to the profession owing to its confusion with chronic malaria before Leishman and Donovan discovered the body named after them. I can remember the days when the death rate of this disease was approaching 100 per cent but now thanks to the discovery by Vianna of the value of tartar emetic in leishmaniasis and the recent great extension of the intravenous use of antimony salts more especially in India this disease has now lost many of its terrors.

Leprosy a disease concerning the treatment of which up to recent years very little more was done than what we read was practised in the early Christian era. Now thanks to recent investigators much more light has been thrown on it and there is every hope that in time to come we shall assume control of this foul disease.

Relapsing fever is now attracting great attention and is proving to be a most interesting and elusive disease. Time will not permit of my dealing with tubercle or dysentery, enteric fever and other allied bowel complaints. I am very pleased to say however that in this connection we have with us at this Congress Prof Shiga whose name is a household word with all of us and Dr D Herelle the discoverer of that mysterious principle the bacteriophage now receiving so much attention in many parts of the world.

Veneral disease has attracted special attention during the past few years. A special commission from England sent out under the auspices of the British Social League last cold weather travelled throughout India and Burma. Their report was most interesting and I sincerely hope that the recommendations which it embodied will be put into practice by all the Governments concerned. I am glad to be able to welcome in this respect among our numbers Professor Hata who with Professor Ehrlich was responsible for that great boon to humanity, Salvarsan and all that went with its discovery.

We have in India a Central Research Institute located in the hills at Kasauli and numerous other institutions of a like nature scattered throughout the country. There is now this very excellent Tropical School of Medicine here in Calcutta. We have a bacteriological service and an organization and constitution for research which we have found very valuable. The work done by officers of this country has a world wide reputation. What Leonard Rogers has done for cholera, Ross and Christophers and others for malaria, Lister, Haslam, Mackie and others for plague, Muir for leprosy, Donovan, Patton, Mackie, Knowles, Napier, Shortt and Smith and others for kala-azar and Harvey, Brown and Ivengar for vaccine therapy, Vandyke Carter, Mackie, Cragg, Cunningham and others for spirochaetal disease is so well known that it is unnecessary for me to dilate upon it. Their work requires no praise from my humble lips even if I were able to find words in which to do them justice.

Before I conclude I must say a few words about the medical work done which does not come under the classification of epidemics and public health. Our hospitals although some of them are not so up to date as we would wish are very fine buildings and have been built to suit the climate of the country. There is any amount of good work being carried on in the surgical and medical wards of these hospitals and if it does not come into the public eye like our public health problems I assure you the work is no less important. You will have an opportunity of visiting our Presidency town hospitals and colleges and will I have no doubt form your own opinion as a result of your visit.

We are particularly proud of the work done in connection with eye diseases which are so prevalent. The names of Elliot, Smith, Kirkpatrick, Herbert and Wright are well known to you. Also in the ophthalmic hospital and school in Madras we reckon we have an institution which of its kind is second to none. I would also mention that those of you who elect the southern tour will find in Madras a maternity hospital and school which through the tireless energy of the late Major General Sir Gerald Gifford who was in charge of the hospital for many years can stand comparison with any similar institution no matter where it be.

Special measures in connection with tropical diseases are much the same as in other countries except that in India there are a very large number of stone cases in connection with which the name of Freyer stands out prominently. Elephantiasis upon which disease a paper will be read at this congress and in connection with which the late Colonel Nutland of Madras did so much pioneer surgery.

Intestinal lesions demanding surgical interference are mostly connected with the appendicular and gastro-duodenal trouble, for which in one large institution a very large number of short circuits are done annually

The treatment of tropical abscess of the liver, so called has undergone a complete change during the past 30 years, thanks to the work done in this connection by Rogers. The needling for a hepatic abscess has almost become an operation of the outpatient department, a praiseworthy advance on the days when we opened and drained the abscess thereby running the risk of secondary infections which were so frequently followed with a fatal result

I could go on giving instances of the change and improvement of the work done in our hospitals *ad infinitum* but must stop for fear of wearying you with too many details

the good work in this land of India. We might say immense. In the face of great we mean and are trying to place this sub-continent in its proper place in the world of scientific medicine and we hope when we leave that those who follow will see that the position is maintained

Ladies and gentlemen I have finished. I trust as a result of our deliberations during the next few days some new light on disease—more especially tropical disease—will be elucidated, and, if this be so, the Congress will not have been held in vain. I wish the Congress every success.

HIS EXCELLENCY THE GOVERNOR OF BENGAL'S SPEECH AT THE CONGRESS DINNER, DECEMBER 10TH, 1927.

GENTLEMEN,

It is a great pleasure and privilege to propose for your acceptance the toast of the Far Eastern Association of Tropical Medicine. We, in India, have every reason to give a sincere response to such a toast, as there is no country in the world which has more cause to be thankful to scientists for the services she has received in the past, or more cause to hope for further assistance, which she urgently requires in the future. She has reason to be particularly grateful to many who have assembled here this last week during the meeting of the Congress. There is scarcely any tropical disease known to men, to the obtaining control of which they have devoted their professional skill, which does not afflict the people of India. In many countries in the East they have laboured towards the elimination of these scourges with remarkable success, and during this Congress they have willingly and generously

when pro-
estimable

It must be to your eternal credit that the only recompense you desire and receive is the gratitude of humanity.

I am glad to hear that your Congress has been a success. This has been due to the excellent organization for which Colonel Cunningham and Colonel Stewart have been responsible, and they were loyally helped by the co-operation of everyone who attended the Congress.

In welcoming you to Calcutta, I expressed the hope that you would be able to give us useful advice in connection with our grave problems of disease. I understand that my hopes were amply justified and that our medical men have received much help, stimulation and encouragement. We trust that our guests and you may derive satisfaction by knowing that hundreds of

will convey to many others the information which he has acquired, and in this way the efficiency of the service will be increased.

I
of the
ment might create a feeling that the problem was solved and that further research was unnecessary.

On the other hand, it is satisfactory to know that there has been a remarkable degree of unanimity as to the practical measures, which are necessary to cope with such diseases as malaria, cholera, plague and kala azar. While you all agree that more knowledge must be acquired, you also agree that more use must be made of knowledge which at present exists.

Governments and local bodies will now have confidence in pushing forward measures which have received the approval of distinguished experts from every part of the world. We, in Bengal, are glad to learn that the great campaign of inoculation against cholera which is in progress, is regarded as one of the most effective methods of controlling the disease. It is not the only measure but when we are attacking an enemy like cholera we cannot afford to neglect any weapon which has been proved to be effective.

The problem of kala azar has been fully and ably discussed at your Congress and I am told that there is general agreement that the line of research, which was opened out by workers at the Calcutta School of Tropical Medicine, and the Kala azar Commission, is regarded as being full of hope. The methods of treatment are already satisfactory, but further improvements can be looked for.

I was interested to hear that the food supply of the people of India had received very special attention at the Congress. This subject makes a special appeal to laymen, who not infrequently conduct dietetic experiments on themselves, though these are not always scientific.

I understand that you have spent some time in considering the ravages of the ubiquitous and iniquitous mosquito—those malevolent messengers of malaria. Your unanimous decision on their activities and how to meet them must prove a most acceptable guide to the health departments of Government. I am hopeful that you will yet teach the mosquito when it takes its evening meal from me that the mark of its gratitude it leaves behind would be more acceptable if less pronounced.

In proposing this toast I must not forget the ladies who have accompanied the Congress and who have graced our proceedings and honoured Calcutta by their presence. Their interest and assistance are a great stimulant to those who devote their lives to research in tropical diseases.

I have to couple the toast with Dr. Heiser of the U. S. A. and Dr. Degge-
 - representative of the Rockefeller
 Association,
 arer of the

Association

The value of this Congress which you have just completed is unquestionable, and with all sincerity and gratitude I now give you the toast of the Congress of Far Eastern Association of Tropical Medicine.

THE AGENDA AND MINUTES OF THE BUSINESS MEETINGS AND MEETINGS OF THE COUNCIL OF THE 7TH CONGRESS, F. E. A. T. M., 1927.

General Meeting of Official Delegates in Meeting Room A, Congress Buildings, December 4th, 1927.

Agenda.

1. Announcements from the Chair
2. Nomination of members to the Council

Minutes

1. *Announcements from the Chair*—The following telegrams of good wishes were received—

(1) From Dr Otton Weltevreden, Java—

Best wishes for successful Congress

(2) From Rai Bahadur Nilambar Dutta Dibrugarh—

‘Hearty thanks for invitation to Calcutta Tropical Congress
Extremely regret inability to attend same owing to sudden indisposition Wish it a splendid success’

(3) From Dr Bijaising Masuda Ajmer—

‘Wish every success to Congress Sorry can’t attend owing to illness’

2. *Nomination of Members to the Council*—The following members of the Association were elected Members of the Council for the 7th Congress—

GOVERNMENT OF INDIA

President Major General T H Symons C S I, K H S, L M S

Vice Presidents Col J D Graham C I E, I M S

Brigadier Col S R Christophers, C I E, O B E, K H I,
F R S, I M S

General Organizing Secretary Lt Col J Cunningham I M S

Local Secretary—Treasurer Lt Col A D Stewart, I M S

Governor’s Representative Major J A Sutton, V C O B E, I M S

Non official Representative Dr J W Tomb, O L E

ASSAM

Vice President Lt-Col. J Morison I M S

Governor’s Representative Major T D Morison, I M S

Non official Representative Dr D P Williams.

BENGAL

Vice President Major General G Tate VHS, IMS
Government Representative Dr C A Bentley
Non official Representative Dr Kedarnath Dass, CIG

BIHAR AND ORISSA

Vice-President Col W S Willmore, IMS
Official Representative Lt Col W C Ross, IMS
Non official Representative Lt Col H R Dutton, IMS

BOMBAY

Vice-President Lt Col R W Anthony, IMS
Government Representative Dr J D Munsiff
Non official Representative Dr J N Mehta

BURMA

Vice President Col W H C Forster, IMS
Government Representative Lt Col. J Taylor, IMS
Non official Representative Dr K R Dalal

MADRAS

Vice President Lt. Col E W C Bradfield LMS
Government Representative Major Clive Newcomb, IMS
Non-official Representative Rao Bahadur Dr A. Lakshmanaswami Mudaliar

PUNJAB

Vice President Major J J Harper Nelson, IMS
Government Representative Col C R Bahkle, IMS
Non-official Representative Raj Bahadur Dr Maharaj Krishan Kapur

UNITED PROVINCES

Vice-President Col R F Baird, IMS
Government Representative Major H Stott, IMS

AUSTRALIA

Government Representative . Dr. A. H. Baldwin.

BRITISH GOVERNMENT, MINISTRY OF HEALTH

Government Representative Lt-Col S P James, IMS (Retd)

CEYLON

Vice-President Dr J F L Bridger

Government Representative Dr S T Gunasekera

* CHINA AND SHANGHAI

Vice President Dr Wu Lien Teh

Government Representative Dr Cheng Hsiang Hu

Non-official Representative Dr Charles W Young

EGYPTIAN MARITIME SANITARY AND QUARANTINE BOARD

Representative Dr F d Herelle

FEDERATED MALAY STATES

Vice President Dr A R Wellington

Non official Representative Sir Malcolm Watson LL D

FRENCH INDIA

Government Representative Major V G F Labernadie

HONG KONG

Government Representative Dr W B A Moore

Non official Representative Dr G H Thomas

INDO CHINA

Government Representative Dr E Jourdan

Non official Representative Dr P Hermant

JAPAN

Vice President Dr S Hata

Government Representative Dr Tenji Taniguchi

Non official Representative Dr Kaoru Ishimitsu

FORMOSA

Vice President Prof Tsugio Horiuchi

Government Representative Dr K Morishita

Non official Representative Dr Shigeru Kiribayashi

KOREA

Vice-President Dr K Shiga

Government Representative Dr H. Kobayashi

KWANTUNG

Vice President Dr Harumitsu Kubota

LEAGUE OF NATIONS

Official Representative Prof Theodore Madsen.

SINGAPORE BUREAU

Official Representative Dr Raymond Gautier

MACAO

Government Representative Capt Peregrino de Costa

NEPAL

Government Representative Dr Siddhimani Acharya Dixit

NETHERLANDS EAST INDIES

Government Representative Col S L Brug

PHILIPPINE ISLANDS

Vice President Dr Jose Fabella

Government Representative Major A Parker Hitchens

Non official Representative Dr De Leon

PORTUGUESE INDIA

Government Representative Col I Froilano de Mello

SIAM

Vice President Col Phya Damrong

Government Representative H S H Prince Vallabhalara

Non official Representative Dr George McFarland

STRAITS SETTLEMENTS

Vice President Dr A L Hoops

Government Representative Dr J W Scharff

Non official Representative Dr R D Fitzgerald

UNITED STATES OF AMERICA

Vice President Col Edward B Vedder

Government Representative Major Samuel A White

Non-official Representative Dr C R Eskey

HONORARY ADVISER TO THE COUNCIL

Mr Victor G Heiser

1st Meeting of the Council Held in Committee Room No 1 of the Congress Buildings at 5 p.m on Sunday, December 4th, 1927

Agenda

- 1 Presentation of Biennial Report of the Association
- 2 The election of Chairmen of Sectional Meetings and approval of the rules of procedure for these meetings
- 3 The venue of the next Congress
- 4 Place and time of the 2nd Council Meeting
- 5 Any other business

A provisional list of Chairmen and Rapporteurs was submitted to Council also Draft Rules of Procedure for the Scientific Sections and papers in connection with No 3 of the Agenda

Minutes

1 *Presentation of Biennial Report of the Association*—Dr O Deggeller the General Secretary Treasurer presented his report which dealt with changes of Office Bearers Finances the Committee on Berlin the Constitution and By laws of the Association and co-operation of the Association with the League of Nations

The Report was accepted

At the conclusion of his report he requested that a Committee of three be appointed to investigate the financial position of the Association Dr Hoops Dr Hata and Dr Moore were elected It was proposed by Dr Hoops and seconded by Dr Moore that a member from India be also nominated Colonel Bradford I M S was elected

2 *Election of Chairmen* to Sectional Meetings and Rules of Procedure*—The provisional list of Chairmen of Sections presented to the Meeting was accepted with the following exceptions —

<i>Day and hour</i>	<i>Chairman</i>	<i>Adj. Sec.</i>
Monday 5th December		
10		
Section III	L. Lalami	It. of Value
1000 H		
Section II		C. J. D. Moore
Tuesday 6th December		
1000 F		
Section III		It. of Value

* The complete list of Chairmen and Rapporteurs on pages 27-30.

<i>Day and room.</i>	<i>Morning</i>	<i>Afternoon.</i>
Wednesday, 7th December		
Room B		
Section II		H. S. H. Prince Vallabhakara.
Room C		
Section III		Lt. Col. Morison.
Room D		
Section III		Prof Hornuchi
Room G		
Section III	Dr Heiser	
Thursday, 8th December		
Room C		
Section III		Dr Otto Schöbl
Room E		
Section V		Dr Jansen
Friday, 9th December		
Room F		
Section III B	Major Hitchens	

The rules of procedure prepared by the General Organizing Secretary were accepted with the following amendments —

Rule No 7—Discussions Omit 'at the conclusion of the sitting'

It was proposed by Dr Heiser that a blackboard be placed in each section and that the name of the author reading the paper should be written up

6 *Venue of the next Congress*—A cable from Honolulu and the letter written by the Official Chinese Delegates were read to the Meeting for information

Major Hitchens (Manila) in a short speech expressed the wish that the 8th Congress should be held at Manila

Proposed by Colonel Vedder and seconded by Colonel Morison that a Committee be appointed to consider and report to the Council the most suitable venue of the next Congress

An amendment was proposed by Dr Hoops and seconded by Sir Malcolm Watson that no such committee be appointed The amendment was carried by 26 to 7 votes It was agreed that the question be discussed at the 2nd Meeting of the Council

4 *Place and time of the second Council Meeting*—It was agreed that the second meeting of the Council be held in Committee Room No 1 at 9-0 AM on Thursday, December 8th

5 *Any other business*—Dr Wellington stated that his Government had informed him that they considered that the Congress was being held at too frequent intervals and proposed that it should be held every three years. The proposition was seconded by Dr Deggeller who considered every 5 years

..

T H SYMONS, *May-Genl, I M S,*
President, 7th Congress, F E A T M.

Additional papers in Connection with the 1st Meeting of Council.

Reference No 1 of Agenda

REPORT OF THE GENERAL SECRETARY-TREASURER, DR O DEGGELLER,
 DATED WELTEVREDEN, JAVA, 18TH NOVEMBER, 1927

Officers

British India—Colonel Bisset, I M S, Director of Public Health Service, Rangoon, Burma, informed me on the 4th of October, 1926 after having been consulted by Brevet Colonel S R Christophers, to have handed over his duties as Honorary Local Secretary for the Congress as the Province Burma was found to be too isolated from the rest of India

China—Dr Lam went for a year's study to Europe during which time Dr Huang Tsefang Central Epidemic Bureau, Temple of Heaven Peking, on Dr Wu Laen Teh's advice, has been nominated by me as Acting Honorary Local Secretary for (North) China. Information as to Dr Lam's return has not yet been received

Federated Malay States—Dr Wellington went on leave but was expected to be back in October 1927. Dr W Fletcher retired and went to Europe. When receiving this news I felt obliged to express my regrets, also in the name of the Association of losing in him one of the great workers for the Eastern Medical Science and to state my hope that he would keep in touch with the Association and that he would enjoy with Mrs Fletcher, his life in Europe in perfect health

On his advice Dr A Neeve Kingsbury, Institute for Medical Research, Kuala Lumpur, has been appointed as Honorary Local Secretary Treasurer

Hongkong—Dr W B H Moore went on leave, but hopes to be back

ingham informed me that Lieut-
 Medical School, Calcutta, had been
 appointed as Honorary Secretary-Treasurer, apparently for Bengal

Indo-China—Dr Guerin went on leave on the 1st of November last, whereas Dr Montel had already left for France two months previously,

Dr Guerin is quite willing to take up office again and I therefore promised him to submit his name for re nomination. If the Council members for Indo China think it necessary, a deputy Honorary Local Secretary might be nominated for the time of Dr Guerin's absence.

Netherlands Indies —Dr J J van Lonkhuyzen Head D E I, Health Service, went on leave for a year but is returning next January.

Sarawak —Dr E M Marjoribanks has left the country according to information received from the post officials.

Several Secretaries (and Vice Presidents) have not answered my letters and circulars, so that it is uncertain whether they wish to hold office any longer. From one country these office bearers have not written since 1922, nor paid their subscription, of which facts I have informed the only member in *their* country, asking him to take up the office of Honorary Local Secretary for the time being, and to distribute the circulars A and B re the seventh Congress which he was kind enough to do.

Beriberi.

To my circular letter of the 5th of July 1927 to the members of the Beriberi Committee, in which I asked for further reports no answers have been received and I therefore, am afraid that the interest in this problem is slackening unless, which is another possibility, the beriberi problem has ceased to be a problem because of the better nutrition of the native population of the Eastern countries, like in the D E Indies, where this illness is noted less and less frequently.

Constitution and By laws

In case the Constitution and By laws of the Association are going to be amended again, I would propose to let fall into disuse the provision in article 9 of the Constitution that a proposed amendment shall not be acted on until the biennial session next following that at which it was introduced, as I noticed that it was resolved several times already to let an amendment take immediate effect, which is quite natural because no amendment will be proposed and adopted without sufficient motive.

I further would
that immediately,

one year to more)
tific papers. This
well for the Secre
be held, as for my
port of the Council

and business was published latest and separate from the Transactions of the Congress.

Several times I have been asked for copies of the proceedings of the 1st Congress of our Association, with a view on which I have had this reprinted and distributed among the members with the result that there are no more spare copies left. Where there are some members who like to get them, it can be reprinted once more.

Seventh Congress

To the officers of our Association for British India, organizing the Congress was given such information as asked for and further what was thought expedient

The circulars A and B, which I received from Lieutenant Colonel J Cunningham have been forwarded directly to those members of whom the addresses were known at my office of which fact I informed the Honorary Local Secretaries concerned, sending them a list of these addresses. I further asked the Honorary Local Secretaries to let Lieutenant Colonel Cunningham and my office have a list of addresses of the gentlemen and Institutes to which they are going to send the circulars I had to spare for them. As not every Secretary complied with the latter request a word of thanks is here not misplaced to those who were so kind to be willing to give their co-operation.

Co operation with League of Nations

Colonel J D Graham I M S Honorary Local Secretary for British India Simla informed me on the 7th of August 1927 that it had been suggested to have a joint meeting with the Expert Plague Commission of the Advisory Council of the League of Nations Health Organization Eastern Bureau Singapore, which was constituted with the idea of meeting in Calcutta at the time of our seventh Congress. I thought to act well on behalf of our Association by answering that I was of opinion that the proposed arrangement should be looked upon as being very desirable in case the League of Nations appeared to be willing to co operate.

Finances

rears
only
one
20
trip
tion. Considering that 5 000 yens (about 5 100 guilders) have been contributed out of the funds of the Association towards the expenses involved in the Transactions of the sixth Congress and that the expenses of my office have been f 3627 39 in two years (1925 27) financially the Association is in good condition thanks to the steadily increasing number of members

O DEGGELLER
General Secretary

WILTHEVRFDEN

The 18th November, 1927

*Reference No 2 of Agenda.***RULES OF PROCEDURE FOR SCIENTIFIC SESSIONS**

1 *Rapporteur* - A 'Rapporteur' has been appointed for each subject. He will assist the Chairman in any way required and will record the proceedings of the section.

2 *Announcements from the Chair* —The Chairman will kindly make any announcements required by the Congress management before beginning the daily programme or will request the 'Rapporteur' to do so for him

3 *Copies of papers for reading* —In order to expedite the scientific business of the sections it is requested that all papers dealing with the same aspect of each subject be read together before any discussion on them is allowed. Re iteration will thus be prevented and time saved

The same rule can be observed with advantage in the special discussions

4 *Papers of authors who are not present* —A list of papers, the authors of which are not present at the Congress, will be supplied to the Chairman who may use his discretion as to whether they may be 'taken as read' if time is short

5 *Papers not read for want of time* —It is absolutely essential that the scientific programme in each section be adhered to rigidly. Papers which have not been read for want of time will be dealt with in other meeting rooms as laid down in the programme

6 *Papers received late* —Papers which have been received too late for inclusion in the programme will be read if there is time after the earlier papers on the same subject have been read. A list of these papers with authors' names will be supplied to the Chairman and 'Rapporteur'

7 *Discussions* —Speakers other than those reading listed papers should be requested when they have finished speaking to record their remarks in writing on paper slips which will be supplied for the purpose, so that their remarks can be recorded in the Transactions. The 'Rapporteur' should obtain the speaker's name immediately after he has spoken and see that his written statement is handed in to him (at the conclusion of the sitting)

It is requested that the time limit
the By laws be
for the delivery
of speak more
A bell will be
tues in the first

9 *Lanterns for illustrating papers* —A magic lantern and an operator are provided for each section for the benefit of members who have illustrated their papers by means of lantern slides

Voluntary helpers to darken rooms —A group of voluntary helpers is also attached to each meeting room who will be posted at each window and door, so that at a sign from the Chairman or 'Rapporteur' the room can be rapidly darkened and lightened again

sect
dra

A general record of the proceedings of each
order of the speakers etc, should be
the section proceeds. This report should
General Organizing Secretary as soon as
Each report should be labelled
of section and should be signed

by the 'Rapporteur' The recorded remarks of each speaker (other than the listed papers) should be attached to it in order of speaking

11 *Staff*—A clerk and a chaprassi are attached to each meeting room to assist in the distribution and collection of the slips for recording the remarks of the speakers

Reference No 3 of Agenda

THE VENUE OF THE NEXT CONGRESS

(a) The following cable was received on December 1st, from Hawaii —

'To Conmed Calcutta Cordially invite next meeting in Honolulu
stop Holding Pan Pacific Surgical Congress August 29th
stop Suggest your eighth Congress immediately prior stop
Excellent facilities Hawaii aloha to Seventh Congress Larsen
Pan Pacific Union'

(b) The following letter dated December 2nd, has been received by the General Organizing Secretary of the seventh Congress —

We are instructed by the Government of China to extend a cordial invitation to the Far Eastern Association of Tropical Medicine, now sitting at Calcutta, to hold its eighth Congress in Peking in 1929

It may be remembered that at the sixth Congress held in Tokyo in 1925 the Vice President for China expressed a request for the Conference after the Calcutta one to be held at Peking, and it therefore gives me pleasure to be able to extend this formal invitation on this occasion'

WU LIEN TSI

T C CHIN

C H HU

Official delegates to seventh Congress from China

2nd Meeting of Council Held in Committee Room No. 1 of the Congress Buildings at 9 a.m., Thursday, December 8th, 1927.

Agenda.

- 1 Minutes of—
 - (a) General Meeting of Delegates held on December 4th, 1927
 - (b) First Meeting of Council held on December 4th, 1927
- 2 Announcements from the Chair
- 3 Report of Financial Committee
- 4 Venue of next Congress
- 5 Consideration of Dr Wellington's proposal with reference to intervals between Congresses
- 6 Any other business

Minutes

1 *The minutes of* (a) General Meeting of Delegates held on December 4th, 1927 (b) First Meeting of Council held on December 4th, 1927, were taken as read

2 *Announcements from the Chair*—Further telegrams of good wishes received from the various well wishers were placed before the Council. The President drew special attention to that received from the Minister of Education in Egypt, announcing a Medical Congress at Cairo for which invitations would soon be forwarded. Dr Heiser pointed out that he was in a position to inform the Council that special arrangements were being made for a very big Congress. The General Organizing Secretary was authorized to answer the telegrams in suitable words.

3 *Report of Financial Committee*—Report of the Financial Sub Committee was presented by Dr Hoops the Chairman of the Sub-Committee. The

latter subject

In this connection a resolution was moved by Dr Heiser and seconded by Colonel Damrong that *It is the recommendation of this Council that at future Congresses the hotel and touring expenses of delegates should be borne either by the delegates themselves or by their Governments and not by the Government of the country issuing the invitation.* This proposal was carried unanimously.

4 *Venue of next Congress*—The President referred to a telegram received from Honolulu and a letter from the Official Delegates from China and the proposal made by Major Hitchens at the last meeting. He also stated at the meeting that His Serene Highness Prince Vallabhakara had cabled his Govern

General Organizing Secretary informed the Council that a report had just been handed in from the Beri beri Committee of the Philippine Islands

T H SYMONS

May Genl I M S

President seventh Congress F E A T M

APPENDIX A

FINANCIAL REPORT

Saldo 11th September 1903	£ 104 48
Collected subscriptions during 1903	6745 94
	<hr/>
Expenses Transacted in Japan	£ 5000
Expenses General Office	36 33
	<hr/>
	8677 39
Saldo 1st November 1903	876 01
Collected subscriptions—Foreign Members collected during the Congress	£ 2800
	<hr/>
Cash about	11376

O DEGGELLER

General Secretary Treasurer

A L HOOPS

Chairman Finance Committee

7th Congress

CALCUTTA

The 7th December 1903

Additional papers in connection with the Second Council Meeting, December 8th, 1927.

Reference No 2 of Agenda

ANNOUNCEMENT FROM THE CHAIR

The following telegrams of good wishes have been received —

- 1 From Dr Nauta, Bandoeng —
'Kind regards Chief Military Medical Service, Dutch East Indies'
- 2 From Dr MATHA Bombay —
'Regret inability to attend Congress Wish Congress all success'
- 3 From Dr Ishwarlal Oza Cutch Mandvi —
'Sorry can't come Wish hearty success to Congress'
- 4 From Prof Nagayo, Tokyo, Japan —
'Professor Nagayo sends cordial greetings and best wishes for the successful issue of Seventh Congress F E A. T M'
- 5 From Dr Jayara Singh, Povaram, Godavery —
'Regret inability attending Wish success Welcome foreign delegates members and return with happiness'
- 6 From the Institute of Tropical Hygiene Amsterdam —
'Hearty wishes for the successful Seventh Congress Institute Tropical Hygiene, Amsterdam, Schuffner Snijders Swellengrebel Van Loghem'
- 7 From the Minister of Education, Egypt —
'On the occasion of your biennial Congress now meeting in Calcutta the President of the Organization Committee of the International Congress of Tropical Medicine to be held in Cairo on the 15th December, 1928, wishes you and all members every success and hopes that it will be possible for many of them to attend the Cairo Congress next year for which invitations will soon be forwarded Minister of Education, Egypt, Aly El Chamsy.'

The following letter was received from Dr E C Faust, Councillor and Chairman of the China Branch of the American Society of Parasitologists, Peking —

'Greetings and all best wishes are extended to the Congress by the American Society of Parasitologists May the members of the Congress continue their tradition and high standards of research in Tropical Medicine and the application of such investigations to the prevention of disease, so that men of all races may be enabled to live happier and more useful lives'

**3rd Meeting of Council Held in Committee Room No. 1, Congress
Buildings at 9 a.m., December 10th, 1927.**

Agenda.

- 1 To read minutes of previous meeting
- 2 To consider the appointment of the Association Officials for the various countries for the triennial period 1927-30
- 3 To consider agenda for presentation to the General Business Meeting
- 4 Any other business
- 5 The question of certificates to Commercial Exhibitors.

Minutes.

1 *The minutes of previous meeting*—The minutes of the previous meeting were read in detail

Items Nos 1, 2, 3 and 5 were accepted.

Item No 4 The letter to the General Organizing Secretary from the Chinese delegation dated the 8th December, 1927 was read to the Council at the request of Dr Wu Lien Teh. Dr Wu Lien Teh was of opinion that the resolution proposed by Major Hitchens and seconded by Major Harper Nelson and the amendment proposed by him, and seconded by Major Stott

It was pointed out to him that the President and seconder, The President pointed out that the Council had always received a signed document from the Government concerned. This had not been received by the Council on the present occasion.

In this connection Dr Heiser pointed out that as one of the original members of the Association he was familiar with the methods of procedure in these matters. The Council had never accepted an invitation without direct documentary evidence from the Government concerned. He quoted the case of Colonel Mackie in Tokyo who had to cable for official instructions from the Indian Government before the Council would accept the invitation, Dr Hoops had also presented a signed statement from his Government at Batavia, the Japanese delegation had also presented direct documentary evidence. He asked Dr Wu Lien Teh to withdraw his letter pointing out that every one was aware of China's desire to invite the next Congress to meet in China and that the Committee would view the invitation sympathetically when officially received. Dr Wu Lien Teh stated that the documentary evidence was in his possession and would have been produced had it been asked for. There was apparently a misunderstanding that the invitation had been a personal one. If the Conference accepted this explanation he would withdraw his letter and leave the matter open. This was agreed to and the minutes were passed unanimously.

2 To consider the appointment of the Association Officials for the various countries for the triennial period 1921-30 The proposed list of Vice Presidents and Local Secretaries for the various countries which was placed before the meeting was accepted with the following exceptions —

GOVERNMENT OF INDIA

Vice President

Col Mackie vice

Col Christophers

The proposals for China at the suggestion of Dr Wu Lien Teh were accepted as provisional until confirmed

KOREA

Vice President

Dr K Shiga

Local Secretary

Dr M Ito

PHILIPPINE ISLANDS

Vice President

Dr Arturo Garcia

Local Secretary

Dr I Lopez Rizal

UNITED STATES OF AMERICA

Vice President

Dr S B Grubbs

Dr Daggeller was unanimously appointed as the General Secretary Treasurer for the next three years

3 To consider agenda for presentation to the General Business Meeting The resolutions to be placed before the General Meeting were accepted by the Council also the amendments to the Constitution and By laws

The resolutions drawn up by the joint session of the Expert League Committee of the Health Organization of the League of Nations and the Far Eastern Association of Tropical Medicine were read to the Council and it was agreed that they should be placed before the General Meeting

The draft resolutions drawn up by the Scientific Section No 4 dealing with Malaria were also read to the Council and it was agreed that they should be placed before the General Meeting in their final form as passed by the Section

4 Any other business Arising from the report of the Berlin Committee received it was decided to include the report of the Berlin Committee received from the Philippine Islands in the Transactions of the Congress

5 The question of Certificates to Commercial Exhibitors The proposal that a diploma be granted to the Commercial Exhibitors was accepted the diploma to be signed either by the General Secretary Treasurer or the President

**List of officers of Component Countries for ensuing Triennial Period,
1927-30, elected at 3rd Council Meeting**

AUSTRALIA

<i>Vice President</i>	Dr R W Cilento
<i>Local Secretary</i>	Dr A H Baldwin

BRITISH INDIA

Government of India

<i>Vice President</i>	Lt Col F P Mackie
<i>Local Secretary</i>	Lt Col J Cunningham

Assam

<i>Vice President</i>	Lt Col J Morison
<i>Local Secretary</i>	Lt Col T D Murison

Bengal

<i>Vice President</i>	Major Genl G Tate
<i>Local Secretary</i>	Lt Col A D Stewart

Bihar and Orissa

<i>Vice President</i>	Col W S Wilmore
<i>Local Secretary</i>	Lt Col W C Ross

Bombay

<i>Vice-President</i>	Lt Col R W Anthony
<i>Local Secretary</i>	Lt Col W M Houston

Burma

<i>Vice-President</i>	Lt Col W H C Forster
<i>Local Secretary</i>	Lt Col E Bisset

Madras

<i>Vice President</i>	Col E W C Bradfield
<i>Local Secretary</i>	Lt Col A J H Russell

Punjab

<i>Vice-President</i>	Major J J Harper Nelson
<i>Local Secretary</i>	Lt Col C A Gill

United Provinces

<i>Vice President</i>	Col R F Baird
<i>Local Secretary</i>	Lt Col C L Dunn

BRITISH NORTH BORNEO

<i>Vice-President</i>	Dr P A Dingle
<i>Local Secretary</i>	Dr H T. Conyngham

CEYLON

<i>Vice President</i>	Dr J F E Bridger
<i>Local Secretary</i>	Dr S T Gunasekera

CHINA

Manchuria

<i>Vice President</i>	Dr Wu Lien Teh (Provisional)
<i>Local Secretary</i>	Dr Lin Chia Swee (Do)

North China

<i>Vice President</i>	Dr Shisan C Fang
<i>Local Secretary</i>	Dr C E Lim

Central China

<i>Vice President</i>	Dr W L New
<i>Local Secretary</i>	Dr Way Sung New

South China

<i>Vice President</i>	Dr Lee Shu Fan
<i>Local Secretary</i>	Dr Su Ping Lin

FEDERATED MALAY STATES

<i>Vice-President</i>	Dr A R Wellington
<i>Local Secretary</i>	Dr H Neave Kingsbury

FORMOSA

<i>Vice President</i>	Dr T Horinuchi
<i>Local Secretary</i>	Dr S Yokogawa

HAWAII

<i>Vice President</i>	Dr C B Cooper
<i>Local Secretary</i>	Dr F F Trotter

HONGKONG

<i>Vice President</i>	Dr J B Addison
<i>Local Secretary</i> .	Dr W B A Moore

INDO-CHINA

<i>Vice President</i>	Dr M L R Montel
<i>Local Secretary</i>	Dr F H Guerin

JAPAN

<i>Vice President</i>	Dr M Nagayo
<i>Local Secretary</i>	Dr Y Miyagawa

KOREA

<i>Vice President</i>	Dr K Shiga
<i>Local Secretary</i>	Dr M Ito

KWANTUNG

<i>Vice President</i>	Dr I Inaba
<i>Local Secretary</i>	Dr Y Kuno

MACAO

<i>Vice President</i>	Dr P da Costa
<i>Local Secretary</i>	

NETHERLANDS INDIES

<i>Vice President</i>	Dr J J Lonkhuijzen
<i>Local Secretary</i> .	Dr O Deggeller

PHILIPPINE ISLANDS

<i>Vice-President</i>	Dr Arturo Garcia
<i>Local Secretary</i>	Dr L Lopez Rizal

PORTUGUESE INDIA

Vota Goa

<i>Vice President</i>	Col I Froilano de Mello
<i>Local Secretary</i>	Dr Roque de Souza

SARAWAK

<i>Vice-President</i>	Dr E M Marjombanks
<i>Local Secretary</i>	Dr W Kusel

SIAM

<i>Vice President</i>	.	H S H Prince Thavara
<i>Local Secretary</i>	.	Col Phya Dimrong

STRAITS SETTLEMENTS

<i>Vice-President</i>	Dr A L Hoops
<i>Local Secretary</i>	Dr J W Scharff.

SUMATRA

<i>Vice President</i>	Dr H Vervoort
<i>Local Secretary</i>	Dr W Kouwenaar

UNITED STATES OF AMERICA

<i>Vice President</i>	Dr S B Grubbs
<i>Local Secretary</i>	. Lt-Col Silver

HON ADVISOR TO THE COUNCIL

Dr V G Heiser

*Reference No 3 of Agenda***Additional Papers in connection with the 3rd Council Meeting he'd
on December 10th, 1927.****RESOLUTIONS PASSED BY THE COUNCIL**

Proposed by Dr V G Heiser, (U S A),

Seconded by Col P Damrong, (Siam)

' It is the recommendation of this Council that at future Congresses the hotel and touring expenses of the delegates should be borne either by the delegates themselves or by their Governments and not by the Governments of the country issuing the invitation '

Proposed by Dr A R Wellington, (F M S)

Seconded by Col J D Graham, (B India)

' It is recommended that the Congress

diately '

Proposed by Major H Stott, (U P, B India),

Seconded by Dr A L Hoops (Straits Settlements)

' That a triennial subscription of three pounds sterling be paid in one lump sum '

Proposed by Major A P Hitchens, (Philippine Islands),

Seconded by Major J J Harper Nelson, (Punjab, B India)

' It is moved that the Chair appoint a committee of five with power to decide where the next Congress of the F E A T M shall be held '

Proposed Amendments to Constitution and By-laws**CONSTITUTION.**

*Article 8, 1 * * * * for ' biennial ' read ' triennial ' for ' two pounds sterling ' read ' three pounds sterling '*

Article 9, 1 & 2 For ' biennial ' read ' triennial '

BY-LAWS

Chapter 1, Section 4, Chapter 2, Chapter 3, Section 1 and Chapter 4, Section 1—

For ' biennial ' read ' triennial '

Resolutions of the Expert Plague Committee of League of Nations Health Organization in conjunction with the F. E. A. T. M.

The meetings on the section on Plague, in accordance with previous arrangement, were held as Joint Sessions of the Expert Plague Committee of the Health Organization of the League of Nations and the F. E. A. T. M.

After the sessions on the 6th and 7th December, 1927, at which papers

The Joint Committee met on the 8th and 9th December, 1927 under the Chairmanship of Dr Madsen and have embodied in the attached resolutions their recommendations as to the more important lines of further investigation which they consider advisable in regard to plague

The following investigations are considered of particular importance by the Expert Plague Committee —

A BUBONIC PLAGUE

1 Further investigations into the methods of destruction of rats and fleas

2 Investigation into the comparative epidemiological role of the various species of fleas in plague transmission in selected areas of India, as being the most heavily infected country, the species of fleas concerned and their viability under natural conditions

3 Survey of plague in wild rodents of Northern Asia (Transbaikalia, Manchuria and other Chinese Provinces) by an international mission, provided such mission receives substantial support from the countries concerned.

4 Investigation on the part played by grain and cotton in the dissemination of plague and measures to prevent this spread (disinfestation)

5 Investigation of the conditions under which plague is carried over from one season of incidence to another (problem of its recrudescence)

6 Investigation on the relative importance of rodents other than rats in the transmission of plague in various countries

7 Investigation of rat and flea conditions in ports (shore, lighters, ships), the ship fauna being investigated both in ports and during the voyages, in eastern and western areas. This information should be collected by the Singapore Bureau for providing information applicable to quarantine measures

8 Prophylaxis and therapeutics—

(a) speedy preparation of anti plague vaccine

(b) possibility of reducing local reaction to anti plague vaccine

(c) possibility of producing a plague antitoxic serum

(d) further studies on anti plague bacteriophage and its practical applications

(e) chemotherapy of plague

2 *Amendments to the Constitution* The necessary amendments to the Constitution and by laws necessitated by these resolutions were put to the meeting and carried unanimously (See page 70)

3 *Resolutions passed by Scientific Sections* (a) The resolutions proposed by the joint session of the Expert Plague Committee of the Health Organization of the League of Nations and the Far Eastern Association of Tropical Medicine were read to the meeting and carried unanimously (pages 71 and 72)

(b) The resolutions drawn up by Scientific Section No 4 of the F E A T M Seventh Congress on Malaria were read to the meeting and carried unanimously (See page 75)

4 *Venue of next Congress* The names of the Committee appointed to select the Chair under resolution 4 above were placed before the meeting and carried unanimously (See pages 60 and 61)

5 *Any other business* The list of Vice-Presidents and Local Secretaries accepted by the Council was put to the Meeting and accepted by them (See page 66 et seq)

The appointment of Dr Deggeller as the General Secretary Treasurer for the ensuing three years was also accepted unanimously

T H SYMONS

Major Genl I M

President 7th Congress F F A S

The Hon ble Khan Bahadur Sir Muhammad Habibullah Sahib Bahadur KCSI KCIE At Member for the Dept of Education Health and Lands Government of India also attended the meeting and at the conclusion of the business addressed the delegates

At the conclusion of the Hon ble Members speech Professor K. S. Dean of the Medical Faculty Keijo Imperial University Chosen, Japan, A I Hoops Principal Civil Medical Officer Straits Settlements and F M S, A Parker Hitchens Medical Adviser to the Governor General Philippines spoke on behalf of the foreign delegates

**Additional Papers in Connection with the General business meeting
December 10th, 1927.**

Reference No 3 of Agenda

RESOLUTIONS ON MALARIA

The Malaria Section of the Seventh Congress of the Far Eastern Association of Tropical Medicine are aware of many instances of a great increase in the incidence of malaria caused by the facilities given to mosquito reproduction by engineering works either during construction or afterwards due to the different conditions brought about. This Congress is of the opinion that plans for railways, canals, harbours and all similar engineering works likely to affect the conditions producing malaria should be submitted to the proper public health authorities and their sanitary engineers before being sanctioned by Governments

Carried with one dissentient

II.

As it has been represented that differences of opinion regarding the best method of controlling malaria sometimes cause doubt in the public mind and so may hamper the progress of anti malarial work, this Congress takes the present opportunity to emphasize the fact that there is no single method of malaria control applicable to all conditions and all countries

Nevertheless they consider that for towns mines, plantations, large public works and similar aggregations of people, the control of the breeding-places of the malaria carrying species of mosquito is a method which should be employed whatever other anti malarial measures are put into force. Whenever possible this control should be effected by permanent works which eliminate entirely the sources of mosquito breeding

For wide rural areas specially those with scanty poverty stricken populations the first step in the control of malaria is adequate research so that the conditions present may be ascertained and the best methods of control under the particular circumstances ascertained as a result of such research. Methods of prevention may here be of great variety and include drainage flooding jungle clearing jungle preservation bonification the promotion of agriculture, improvement of housing and the general economic condition education, etc. of the people. The systematic killing of infected adult mosquitoes, screening the use of anti malarial drugs and a host of special methods have each also to be considered in their proper application

The Congress desires to stress the need not only of thoroughly trained malaria research officers but of expert malarial engineers in whichever type of malaria prevention is at stake

ADDRESSES AT THE GENERAL BUSINESS MEETING OF THE 7TH
CONGRESS, F. E. A. T. M.

The Hon'ble Sir Muhammad Habibullah's speech.

General Symons, Your Serene Highness and Delegates to the 7th Congress
of the Far Eastern Association of Tropical Medicine

I must, in the first place, express my regret that I was unable to be present at the inaugural meeting of the Congress. Pressure of important business at Delhi robbed me of the opportunity of joining in the first welcome. I avail myself of my presence in your midst to day to echo the sentiments expressed in the message of His Excellency the Viceroy, which was conveyed to you by His Excellency Sir Stanley Jackson, and to express the hope that your stay in

tour to those who must return from Calcutta to their official homes, I wish God speed. To all of you, whether delegates from abroad or from the various parts of India I express the thanks of the Government of India for the contribution which you have made by your meetings and discussions to the promotion of medical science, and of friendly understanding between men engaged on a common beneficent task.

men engaged in the fields of medical administration and research. But there is also a personal side to my interest. Throughout the active portion of my life, I have been intimately concerned with the administration of medical relief and sanitation. First, as the civic head of the town of my adoption in the Madras Presidency, then as the principal civic executive of the metropolis of that Presidency, and subsequently in succession as a member of the Provincial and Imperial Governments, I have had to concern myself with measures designed to combat disease and alleviate human suffering. This long experience and association have made administration of the subject, which is your life's work, more than just a dry duty to me.

I shall not presume, Ladies and Gentlemen, to assess the technical value of the work which you have accomplished during your present session in Calcutta. The list of the questions which you have discussed is long, their scientific aspect to a non-scientist like me an esoteric mystery, their analysis or appraisal a task beyond my competence. But after glancing through the summary of your proceedings and listening to your resolutions, I find that grim diseases, such as plague, cholera, malaria and kala azar, which from time to time ravage this country, have been claiming your attention. I am confident that the light, which investigators from abroad attending this Congress have shed on the problems connected with these forms of human

affliction, will prove of the utmost value to our own workers. I also trust that an account of our methods, and first hand experience, however slight, of the procedure, technique and scope of our inquiries in the domain of tropical diseases, will prove of some help to them. For we have, alas! only too many

benefit of humanity, and the advancement of science. The names of Ross and Rogers and Cragg—I must spare those present here to-day the blushes which are the physical reaction of true workers to praise—are not only worthy of my tribute but are guarantee of the claim which I have made on behalf of the noble band of the servants of medical science in India. Nor must I omit mention of that great Indian, whose researches in the field of plant life have opened up fresh and limitless avenues of speculation, of inquiry and of practical achievement to doctors no less than to biologists. For is not

degree of confidence that among the torch bearers who have helped to illumine the path, the name of Sir Jagadish Bose will rank high.

And now Ladies and Gentlemen lest I seem guilty of prolix, though patriotic, panegyric let me change the theme. I have spoken so far on the aspect of your work which belongs to part (c) of Article 2 of the objects of the Association viz., the development and diffusion of scientific knowledge. I shall now speak of another aspect of equal importance—the promotion of friendly intercourse between scientific men. To my mind Ladies and Gentlemen, that is as much a necessity of the future as its beginning is one of the auspicious and distinctive features of our 20th Century civilization. To the Far Eastern Association of Tropical Medicine belongs the credit of first making such intercourse a reality. The League of Nations to whose initiative in the sphere of international co-operation the world owes so much and the Rockefeller Foundation whose truly catholic generosity has rendered immense service to the progress of medical science have stimulated and accelerated its beneficent development. We in India are willing and ready to play our part in the scheme of co-operation by intercourse. That was one of the motives which led the Government of India to decide to invite the Association to hold its 7th Session on Indian soil. In the very near future we hope to hold an interchange of health officers under the auspices of the League in this country. Next year, we trust the League may find it possible to send their Commission of malarial experts to India. I need not remind the Congress that we have been participants in past gatherings of the Far Eastern Association of Tropical Medicine. It must also be known that India is a member of the International Health Office in Paris and that at present her Public Health Commissioner has a seat on the Health committee of the League of Nations and on the advisory council of the Bureau of Epidemiology at Singapore. There are a few concrete instances of our desire for co-operation by association and intercourse. If more opportunities for co-operation arise I am sure India will not be slow to respond to the call of service.

But I have another motive in dwelling on our readiness for intercourse. There is an impression in some quarters that as a country where certain diseases are endemic, we are doing little to combat them, or to ensure that infection does not spread from our shores to other lands. You have been in Calcutta during an epidemic of cholera which, for the time of the year, was considered by our experts to be serious. Some of you may have seen what is being done to cope with the outbreak. The fact that it has been rapidly brought under control is proof of the efficiency of the health organization of this great city. Lt-Col Russell, who comes from my old Presidency, has given you some idea of what is being done in Madras. Those of you who undertake any of the tours that have been made in other parts of India, but to support which we have nothing

sizable or possible has been reached. In a country greater in size than the whole of Europe without Russia, and with a population of over three hundred millions, even a small measure of progress represents endeavour which would be equal to the achievement of perfection elsewhere. I confess that a great deal remains to be done and we need all the light and inspiration that the example of other countries can give us. But we plead not guilty to any suggestion that endeavour has not been quickened by the presence of danger or the breath of science.

I do not wish you, Ladies and Gentlemen, to disperse to day with the impression that complacent egotism is the key note of our attitude towards the problems which disease and the effort to prevent and fight disease present. As I have already said, we seek light and inspiration from every quarter. Recently, the Government of India have decided to appoint a committee to inquire into the working of their existing organization of research and to make recommendations with a view to the establishment of a central institute with whose aid schemes of investigation now in progress in different parts of the

Service won fresh laurels in other fields, has also, I am glad to say, decided it possible to agree to serve on the committee which will include two distinguished workers with recent Indian experience, viz, Dr Row and Col Christophers, FRS. The Government of India trust that their labours may impart to medical research in India fresh impetus and definiteness of direction.

Ladies and Gentlemen, I must not detain you too long. You have worked hard and still have a busy round of engagements to go through. It would be inconsiderate of me to weary you with my discourse. I shall offer one word of explanation for the prominence which I have given to research in my remarks. It is because I feel that in the field of medical research, international co-operation can, at this stage, be most fruitful. And gatherings like the

International Congress of Medicine, which is now being held in London, is a most valuable opportunity for the exchange of ideas and for the advancement of medical science.

understandings of method and objective dispelled. Men separate with greater clarity of vision and strength of purpose to renew their tasks. May the 7th Congress of your Association conclude its labours in the consciousness of much good accomplished and with faith renewed.

Professor Shiga's speech.

Hon'ble Minister, Mr. Chairman, Ladies and Gentlemen

I deem it a great honour and privilege to express our sincere thanks to you
 City
 His

Excellency the Viceroy our Association was enabled to meet here in the beautiful city of this great Empire in the largest scale we ever had. We are very grateful to the special mission of the Honourable Minister of Education, for which I express most heartfelt thanks. Special thanks are due to the Local Committee of our Association, who carried out the preparation and execution of this 7th Congress with utmost care and effort, by which the smooth course and fruitful results of the present Congress were attained, for which I congratulate most sincerely all the Local Committees.

Expecting the reunion after 3 years, I thank you all.

The Hon'ble Dr. A. L. Hoops' speech

I rise on behalf of the foreign delegates, their wives and families to second what our friend Dr. Shiga has said and to thank the Government of India, the Governments of Bengal and of other provinces of India, Major General Symons our President and the Hon'ble Sir Muhammad Habibullah and all those who had made this Congress a success, for no doubt the Congress has been a success.

At the last conference in Tokyo two years ago our distinguished President Baron Kitasato said 'Disease knows no boundaries' and General Symons has stressed the same point, namely the international character of disease. In that connection the new international convention of Paris in 1926 is of the greatest importance and so is the work of the health committee of the League of Nations whose President Dr. Madsen, is with us at this Congress. We know what the League of Nations is doing to combat diseases in the world, and we were privileged in Singapore to have a seat on the Bureau of Epidemiological Intelligence in the Far East. A meeting of the Advisory Council of this Bureau will take place in Delhi during Christmas and Col. Graham will preside over it. We have also the work of the Rockefeller Foundation, whose representative Dr. Heiser is with us to day for the prevention of diseases. I know that the

Service

In conclusion I would again renew the thanks of the foreign delegates to the Government of India and to other officers for the success of the F. E. A. T. M. Congress and the splendid hospitality that we have received at your hands.

Major A. Parker Hitchen's speech.

This 7th Congress of the F E A T M has added further evidence to the already well known fact that communicable disease recognizes no political boundaries. The fundamental problems in disease control here in India are, we find, practically identical with our problems in the Philippine Islands and with our problems in the United States.

One impression I have gained here is that, as with us, there are two really fundamental problems—and only two. One is how best to do public health work when more or less adequate funds are available and the other, and more important, is how to get public health work done with no money appropriated by Government for specific sanitary measures.

Anybody can spend money but it is not every one who can invest money as has been done in Malaya in its management of malaria. Any country is fortunate which can employ such a group as that which has solved so many of the problems of kala azar here in India. Any country is fortunate which can attract research workers such as those we have met here from the various institutions of India. We have always known these men through their work and now that we have met them face to face we shall take a keener interest in the things that interest them. To provide research men and give them the facilities for their work depends directly upon adequate funds. That country also will be fortunate which has established in the public schools, especially in the lower grades, the habit of personal hygiene.

habits

The great mass of our populations maintain their communicable diseases through the exercise of century old bad sanitary habits. Before we shall ever come near attaining the goal towards which we are striving we must first change these habits.

in the earlier years of life and they are fixed by practice not by learning exclusively from textbooks.

Our functions as students of disease and as administrators of public health and as healers of the sick all have their important places but the incidence of communicable disease will undergo no satisfactory reduction until the habits of the people undergo specific changes. The habits which tend to favour the transmission of disease must be changed to habits which will tend to hinder such transmission. From the standpoint of ultimate disease control it is obvious that with or without funds appropriated for specific health purposes our work can go on and where we have the intelligent co-operation of our Bureau of Education we can do efficient disease prevention work. We can under these circumstances, actually make bricks without straw.

RESUME OF PROCEEDINGS OF SCIENTIFIC SECTIONS*.

SECTION I

SECTION II

State Medicine and Hygiene and Child Welfare

SECTION III

Plague Cholera Dysentery, Sprue Intestinal Infections Bacteriophage
Leprosy Tuberculosis and Bacteriology

SECTION IV

Malaria Kala azar Protozoology Typhus like Diseases and Leptospiræ
Medical Entomology and Helminthology

SECTION V

Nutrition Deficiency and Endocrine Diseases Immunology Chemiothera-
peutics Rabies and Pharmacology

SECTION VI

Veterinary

SECTION I

Medicine, Dermatology and Pathology

DECEMBER 5TH 11 A M TO 1 P M AND 2 TO 4 P M

Chairman—Major H Stott I.M.S. (U P B India)

Rapporteur—Dr J M Henderson (Bengal B India)

At the morning session the proceedings were opened by Lt Col. F A. F. Barnardo I.M.S. (Bengal B India) who read a paper on the importance of mixed infections in the Tropics. In the discussion which ensued various speakers also testified to the importance of this subject in tropical practice. Lt Col. C A. Sprawson (U P B India) then followed with a most informative paper on Disseminated Sclerosis in India. This provoked a most interesting discussion various members questioning the content on of the speaker that the disease is rare in Indians. Major Labernadie (Pondicherry French India) then contributed two short papers and the morning session was brought to a close by Dr U P Basu (Bengal B India) enlightening contribution on the scope of Digitalis in the Tropical Heart of Bengal.

At the afternoon session papers were read by Dr J W. Tomb (Bar and Orissa B India) and by Dr Rai Bahadur Ganguly (Bengal B India) on various Aspects of Chera. A short discussion followed Dr Ganguly's paper. In the absence of the author a summary of Dr S K. Mukherjee's (Bengal B India) paper on the Epidemiology of Infantile Biliary Cirrhosis of the liver was given by the Rapporteur and the proceedings terminated.

* The summary of proceedings is prepared by the Rapporteurs of the different sections of each meeting.

Surgery.

DECEMBER 5TH 11 A M TO 1 P M

Chairman—Major General G Tate, V H S., IMS (Bengal I India)

Rapporteur—Lt Col E W C Bradfield, OBE IMS (Madras B India)

The Surgical Section opened with a paper by Major General Hooton IMS (Bombay, B India) on the 'Choice of Operation for Vesical Calculus'. The writer emphasized the advantages of litholapaxy and pointed out that in India the results had been so satisfactory that the operation had been considered thoroughly established for many years past as the procedure of election. For a considerable period, however, there appeared to have been a gradual tendency to substitute supra pubic lithotomy for litholapaxy in Europe and America which had been reflected in recent publications and teachings. He still advocated litholapaxy as the operation of choice in all but exceptional cases.

The subject was fully discussed by those present. Most of the speakers agreeing with the contentions laid down by General Hooton. It was pointed out however that supra pubic lithotomy would be carried out by surgeons who had little opportunity to practise the operations of litholapaxy.

Two papers on Filariasis followed one by Lt Col Sir Frank P Connor IMS (Bengal B India) the other by Lt Col K K Chatterji (Bengal B India). The subsequent discussion served to emphasize the large gaps in our knowledge of the ætology and pathology of this important disease.

... .. the title of the paper read by Lt Col E During the discussion on this State B India) gave his explanation of the prevalence of this disease in the indigenous population. Pointing out the overwhelming preponderance of cases in certain areas and giving as a possible explanation the presence of constipation, phthisis and a staple diet of tapioca instead of rice. From this he argued that duodenal ulcer was usually a deficiency disease.

The section concluded its sittings with a paper on the 'Surgical complications of Chronic and Latent Amoebiasis' by Col Chatterji and the description of an operation for 'The Relief and cure of Endemic Ascites' by Captain Nigam (U P B India).

DECEMBER 6TH 10 A M TO 1 P M

Chairman—Dr W B A Moore (China)

Rapporteur—Dr J M Henderson (Bengal B India)

Lt. Col F A F Barnardo IMS (Bengal B India) opened the proceedings with a paper on Enteric Fever. The speaker emphasized the necessity for early accurate diagnosis before secondary infections obscured the picture. The gravity of secondary streptococcal infection was stressed and the need

for anticipating this complication by adequate dosage of anti streptococcic serum and Col. B. made strongly advocated also as a ration be

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Gold Salts in the treatment of Pulmonary Tuberculosis and 'Seasonal Variations in Body weight in Pulmonary Tuberculosis' were then submitted and a short discussion followed each. The morning session ended with an interesting paper by Dr Gupta (Bengal B India) on Dermatology in the Tropics

2 TO 4 P M

Chairman—Dr A C Prommas (Siam)

Papporteur—Dr J M Henderson (Bengal B India)

The afternoon session met under the Chairmanship of Dr Prommas (Siam) and was devoted entirely to a discussion on diabetes particularly with reference to Eastern conditions. The subject was dealt with both from the biochemical and the clinical sides and an interesting interchange of views resulted

Ophthalmology

DECEMBER 6TH 10 A M TO 1 P M

Chairman—Col C R Bakhle I M S (Punjab B India)

Papporteur—Major F W O G Kirwan (Bengal B India)

Two papers were read on Glaucoma by Col Coppinger (Bengal B India) and Dr Mukerjee (Bengal B India). Discussions took place on the causation and treatment of this disease which is common in Bengal and in the recent outbreak of epidemic dropsy a very large number of cases occurred. The authors pointed out the importance of early operative treatment to prevent a considerable loss of vision or even total blindness.

A valuable paper on Ocular Tension by Major Clive Newcomb and Capt Verdon (Madras B India) was read by the former. The importance of hypertonic saline given intravenously was pointed out as a means of treatment in glaucoma to lower tension in the eyes.

A paper on the Ocular Complications in Leprosy was read by Major Kirwan (Bengal B India). The author pointed out the importance of early treatment to prevent loss of vision. The article was illustrated by coloured plates of eye lesions as seen in the Leper Asylum, Golra, Calcutta.

A paper on Mooren's Ulcer and another on the Ocular Findings in Amoebic Dysentery were read by Dr Bhaduri (Bengal B India).

Gynaecology and Diseases of Pregnancy

DECEMBER 6TH 2 TO 4 P M

Chairman—Dr Kedarnath Das (Bengal B India)

Papporteur—Dr M I Balfour (Bombay, B India)

Dr Margaret I Balfour (Bombay B India) read a paper on Diseases of Pregnancy in India. The result of an all India investigation showed that

much of the maternal mortality in child birth was due to disease during pregnancy. The most important of these diseases are anæmia and osteomalacia which are common in India but very rare in Europe. The clinical symptoms and blood changes of anæmia of pregnancy were dealt with and the likelihood that the disease was due to an intestinal toxin discussed. Dr (Miss) M. M. Mehta (Bombay, B. India) read a paper by herself and Dr A. Emanuelov on the Pathology of the Above Disease showing the lines on which the investigation is proceeding at the Haffkine Institute, Bombay. Dr Agnes Scott (B. India) read a paper on Osteomalacia describing an investigation undertaken by herself in India 12 years previously, and giving the results of some more recent investigations in China and Europe. Dr Scott described the great danger of this disease in child birth, and mentioned the remarkable fact that it was largely confined to certain communities and certain parts of India. The communities chiefly to make its thorough

The discussion which followed included all 3 papers and was taken part in by Col Green Armvtage (Bengal, B. India), Major Fleming Gow (Bengal, B. India), Dr Lakshmanaswami (Madras, B. India), Dr B. D. Mukerjee (Bengal, B. India), Dr Goheen (Vengurla, B. India), Dr Roy (Bengal, B. India) and others. Dr Balfour and Dr Scott replied and the Chairman made some concluding remarks.

DECEMBER 8TH, 10 A. M. TO 1 P. M.

On Thursday morning a discussion on vesico-vaginal fistula was opened by Dr Ida Scudder (Madras, B. India). Many speakers took part.

Dr Kedarnath Das (Bengal, B. India) read an interesting paper on the History of Obstetric Operations and described various methods used by the Hindu doctors from 1600 B. C. onwards. He further showed the gradual development of modern obstetrics up to Chamberlen's time.

Mental Hygiene and Psychiatry.

DECEMBER 8TH, 10 A. M. TO 1 P. M.

Chairman—Dr B. M. Usman (Hyderabad State, B. India)

Rapporteur—Lt Col Owen Berkeley Hill, I.M.S. (Bihar and Orissa, B. India)

Col Berkeley Hill (Bihar and Orissa, B. India) read a paper entitled 'Mental Hygiene of Europeans in Tropics'. He mentioned that mental hygiene was a new term as to be almost unknown or quite misunderstood.

Journal did little beyond ... in tropical countries about nervous and mental disorders. There is certainly a tendency among Europeans in the tropics to suffer from an almost specific neurosis and from its symptomatology. Col Berkeley Hill said he considered it to be a form of 'anxiety neurosis'. So far no nation except the French had made any attempt to formulate a conception of mental hygiene as a

branch of general tropical hygiene. Col Berkeley Hill called attention to the deplorable condition in India in respect to the study of mental and nervous disorders. He said he was glad to note that the Province of Madras had at last realized the necessity for radical reforms in this aspect of medical education.

Capt Dhunjibhoy (Bihar and Orissa, B India) read a paper on the type of Mental Disorder produced by *Cannabis Indica* taken either as Bhang or Charas. He indicated the percentage of Indians admitted into the Mental Hospital at Ranchi suffering from the effects of *Cannabis Indica* as 35 per cent of the total number of admissions. Capt Dhunjibhoy showed specimens of *Cannabis indica* and a collection of pipes employed usually for its consumption.

Dr S Funaoka (Japan) displayed some interesting specimens to illustrate a method he had devised for staining the central nervous system for purposes of studying morbid changes therein.

Radiology.

DECEMBER 8TH, 2 TO 4 P M

Chairman—Dr E Jourdan (French Indo China)

Rapporteur—Lt Col J A Shorten, I M S (Bengal, B India)

(Bengal, B India) were among those who contributed to the discussion.

Dr Jourdan then read his paper on 'Utilité des Examens Radioscopiques répétés au cours des Affections Cardio-vasculaires des Béri bériques'. This was illustrated by diagrams. Dr Galstaun in the course of his remarks con-

examinations

Dentistry.

DECEMBER 5TH, 11 A M TO 1 P M

Chairman—Mr J E Gill, L D S (Bengal, B India)

Rapporteur—Mr J E Gill L D S (Bengal B India)

Dr Ahmed (Bengal B India) read a paper on 'The habit of Pan-chewing' and Dr Modi (Bombay, B India) a paper on 'Some observations on Pan chewing—the use of Bawal stick as a tooth brush and tooth pastes as a Dentifrice'. These were followed by a paper on 'Oral Sepsis' by Mr H A Taylor, L D S (Edn).

Interesting discussions followed each paper.

SECTION II.

State Medicine and Hygiene.

DECEMBER 7TH, 10 A M TO 1 P M

Chairman — Dr A L Hoops (Straits Settlements)*Rapporteur* — Major G G Jolly, I M S (Burma, B India)

In the forenoon Col Graham, Public Health Commissioner with the Government of India opened a discussion on 'Quarantine,' outlined the history of the subject and described the activities of the various international organizations including the 'League of Nations' and the 'Office International d'Hygiene Publique' He referred to the several International Conventions dealing with quarantine and discussed the provisions of the Paris Convention of 1926 and its implications He suggested a number of points requiring an answer affecting the role of the domesticated rat in regard to plague Dr J Borland McVail (Bengal, B India) described in graphic detail the Quarantine Conditions prevailing in the Port of Calcutta

Dr Crow (Bengal, B India) dealt with the question of the De-ratting of Ships and showed how systematized test trapping may serve as an indication of the need for fumigation After these papers had been read, a long and highly interesting discussion took place in which the following gentlemen participated —

Lt Col Bisset (Burma, B India) Dr Fabian Hurst (Ceylon) Dr Victor G Heiser (Rockefeller Foundation), Col Houston (Bombay, B India) Major Jolly (Burma, B India), Dr Hoops (Straits Settlements)

After Dr McVail and Col Graham had replied the session closed

2 TO 4 P M

Chairman — H S H Prince Vallabhakara (Siam)*Rapporteur* — Major G G Jolly, I M S (Burma, B India)

In the afternoon Lt Col Russell, I M S (Madras B India) read a paper on Cholera Bihvaccin and Anti cholera Vaccine in which he showed the results of his field tests in the Madras Presidency which showed that both anti cholera vaccine and cholera bihvaccin afford an important measure of

Col De Mello then read a paper on the Clinical and Epidemiological Aspects of Epidemic Cerebro sp

A paper on a 'Recent Statistical Survey of the Health of the Imperial Japanese Navy' by Dr Takas

Dr Te' then read a paper on a Bacteriological and Parasitological study of the

DECEMBER 8TH, 10 A M TO 1 P M

Chairman—Dr Wu Lien Teh (North China)*Rapporteur*—Major G G Jolly, I M S (Burma, B India)

Bangalore agreed with those of Col Stewart

A paper followed by Lt Col Russell (Madras B India) on Population and Public Health in India which raised many fundamental issues and suggested questions to which the answers are very difficult Dr Tomb (Bihar and Orissa B India) Col Gill (Punjab B India) and Col Bisset (Burma B India) took part in a discussion which appeared likely to become general but was unfortunately closed by the chair on account of shortage of time

2 TO 4 P M

Chairman—Dr C R Eskey (United States of America)*Rapporteur*—Major G G Jolly, I M S (Burma B India)

The following papers were read at the afternoon session —

Incidence of Pulmonary Tuberculosis in Multan City by Dr Gian Singh

'Experimental Studies on the Entrance Path of Smallpox' by Prof Nakamura

'A Statistical Enquiry into School Myopia' by Dr Banerjee

A Historical Review of Health Activities in the Philippine Islands' by Dr Intengan

There was no discussion on these papers

Five other papers down for reading were taken as read owing to the absence of their authors

Maternity and Child Welfare

DECEMBER 9TH 10 A M TO 1 P M

Chairman—Dr (Miss) A C Scott (B India)*Rapporteur*—Dr Ruth Young (B India)

Opening papers were read by Dr Jourdran (French Indo-China) on (1) Indications for the Employment of Lactation in enfeebled Women in Hot Climates and (2) Statistics as to the Hour of Birth of Children in the Maternity Hospital

Thereafter papers on the Organization of Child Welfare Work were read by Dr Ruth Young (B India) Dr S H Commissariat (U P, B India), Dr Headwards (Bengal, B India) and Dr Tilak (Bombay B India) A brisk discussion followed Raj Bahadur Dr Chuni Lal Bose (Bengal, B

India) stressed the lack of education, but contended that improvement was already noticeable. Dr Munsiff (Bombay, B India) said that the social reformers must join hands. Col Russell (Madras, B India) said that the tone of her paper as people had tried to run before they could creep. He felt that much bad work had been, and was being done but he outlined the scheme the Madras Government had in hand for giving better training to health visitors. Dr (Mrs) (Madras, B India) emphasized the need for efficient maternity service. He said the view point in Madras was not to attempt dais' training the dais should be ended, not mended.

DECEMBER 10TH 10 TO 11 30 A M

Chairman—Dr A C Scott (B India)

Rapporteur—Dr Ruth Young (B India)

The session re opened at 10 o'clock. The discussion on the organization of child welfare work continued. Numerous speakers contributed to the discussion. As a result the following resolution was adopted. (Madras B India) and passed — That this section of the Congress records its emphatic opinion that a trained medical woman should be appointed in each province to act as a Deputy Director of Public Health to organize all the Maternity and Child Welfare work in the province.

This resolution did not reach the General Organizing Secretary in time to be placed before the General Business Meeting of the Association and therefore cannot be included amongst the official resolutions passed by the Congress.

SECTION III

Plague

DECEMBER 5TH, 11 A M TO 1 P M

Chairman—Col J D Graham I M S (B India)

Rapporteur—Lt Col J Taylor I M S (Burma B India)

The opening session was held under the presidency of Col J D Graham, C I F I M S (B India) who informed the meeting that the opportunity

of the presence of the members who had expert knowledge of the disease co-operate with them for the purpose of discussing the lines on which further

research is desirable and on which control might be based. Lt Col F P Mackie, I M S (Bombay, B India) outlined the present position of the plague problem as it affected various parts of the world and pointed out the nature of the special problems which at present awaited solution. Papers were then read on the following subjects —

Problems of pneumonic plague—Dr Wu Lien Teh (North China)

Experiments in the transmission of plague by *X cheopis* and *X astia*—
Dr A N Goyle (U P, B India)

An unrecognized type of plague—Dr Cholsy (Bombay B India)

2 TO 4 P M

Chairman—Lt. Col F P Mackie, I M S (Bombay, B India)

Rapporteur—Lt Col J Taylor, I M S (Burma, B India)

At the afternoon session two further papers were read on Perpetuation of Plague in Wild Rodents by Dr Wu Lien Teh (Manchuria N China) and 'Standardization of Haffkine's Plague Prophylactic' by Dr Naidu and Jamedar Shamsher Jung (Bombay, B India)

The remainder of the time was devoted to discussions on the epidemiology of bubonic plague in which a large number of speakers took part special interest being taken in Col Forster's (Punjab, B India) account of the results of dealing with villages infected late in the plague season as a means of preventing recrudescence in the following season

DECEMBER 6TH, 10 A M TO 1 P M

Chairman—Lt Col F P Mackie, I M S (Bombay, B India)

Rapporteur—Lt Col J Taylor, I M S (Burma B India)

A very interesting paper was read by Prof Nikanorov of Saratow on Plague in South East Russia which showed the marked differences in the epidemiology of plague in this region.

It was found all of which were capable of carrying plague and none of which were the same as those found in India was illustrated. A discussion then followed on pneumonic plague and the clinical and therapeutic aspects of the disease. To this discussion was added a résumé of a paper on the Treatment of Bubonic Plague by Dr Patel and Khan Bahadur C R Avari (Bombay B India)

Cholera.

DECEMBER 6TH, 10 A M TO 1 P M

Chairman—Dr. A. R. Wellington (Federated Malay States)

Rapporteur—Lt. Col A. J. H Russell, I M S. (Madras, B. India)

Lt. Col Russell, I M S (Madras, B India) opened with a paper on Statistical Studies in the Epidemiology of Cholera, in which he gave a synopsis

of the statistical work on the disease on which he had been engaged for the past 4 years. It was a very interesting and valuable work of in His

humidity accompanied by intermittent rains was the combination which favoured the outbreak of epidemic of cholera

Lt Col Russell also criticized as impracticable the mass inoculation of pilgrims before their attendance at religious fairs and festivals, a method proposed by Sir Leonard Rogers in his recent papers on the Epidemiology of Cholera

Col Dunn (United Provinces, B India), Col Forster (Punjab, B India), Dr Tomb (Bihar and Orissa, B India) and Col Ross (Bihar and Orissa, B India) all took part in the subsequent discussion in the morning, all supporting the objections raised by Col Russell to Sir Leonard Rogers's theories

2 TO 4 P M

In the afternoon the papers and discussions were confined to the subject of Variation of Agglutinability of Vibrios. Considerable differences of opinion were expressed by Dr Tomb, Captain Maitra (Bengal, B India), Col Russell (Madras, B India), Dr Pand t (Madras, B India), and Dr Mukerjee (Bengal, B India) and it seems that in this subject further work will have to be done before a final conclusion is reached

Dysentery

DECEMBER 7TH, 10 A M TO 1 P M

Chairman—Professor K Shiga (Korea)

Rapporteur—Lt Col J Morison, I M S (Burma, India)

The section opened with a paper by Dr Ukil (Bengal, B India) dealing with the Dysenteries of Bengal. These diseases are spread by personal contact, by flies, and by the drinking of contaminated water. In order to test the proportion of infections .. r 100 examinations of these insects .. and Egypt their excreta have been found .. mon- trated by the writer in Bengal. Both in the paper and by various speakers during the discussion the fact was brought out that bacillary dysentery is far more frequent than the amoebic form, the percentages given by different speakers varying from 66 per cent to 90 per cent

A paper on Sprue was presented by Col Mackie, who showed that we were still far from knowing what the cause of this disease was and that much work still remained to be done

Bacteriophage.

The paper on Bacteriophage by Dr D Herelle (Egypt) opened up a most interesting vista of enquiry and hope. Briefly summarized his statements amount to this, that among the bacilli which attack the human body and cause disease there can be developed a disease which attacks and preys upon the bacteria themselves, destroying them and thus producing a cure

2 TO 4 P M

Chairman—Lt Col Morison, IMS (Burma, B India)*Rapporteur*—Dr Digby Roberts (Assam, B India)

Dr F d Herelle read a paper on the Pathology and Epidemiology of Infectious Diseases of the Intestinal Tract and of Cholera in Particular'

Dr D Herelle explained that the work embodied in the paper was shared by Major R H Malone IMS and Dr M N Lahiri (B India) The pathology of cholera was studied on patients at the Campbell Hospital, Calcutta and later on patients at the Dacca General Hospital

represented the moment when convalescence was established Dr D Herelle detailed the procedure observed in collecting and studying the material Thirty three cases were studied in detail—23 of whom 7 died were seen in Calcutta and 10 of whom 5 died in the Punjab Of the 12 deaths 6 died within 24 hours and from none of these was bacteriophage isolated virulent for vibrios from the patient himself or for any other vibrios Two died between 24 hours and 48 hours and in none were bacteriophages found Four died between 48 and 96 hours and in these a bacteriophage of feeble virulence was found In the case of the 21 patients who survived the existence of a powerful bacteriophage early in the illness in 5 cases was followed by rapid recovery even in cases very seriously ill In the remaining 16 cases the bacteriophage steadily increased in virulence and without exception reached a high potency between 24 and 72 hours after the commencement of the symptoms the favourable course of the disease corresponding to the increasing activity of the bacteriophage

The study of the bacteriophage in a community exposed to infection was then recounted In certain villages where no case of cholera previously existed bacteriophages virulent for cholera vibrios were isolated from well waters and flies These villages appeared to be immune found in the wells or flies latter category no bacteriophage was obtainable from the environment but after some days bacteriophage virulent for cholera vibrios was obtainable from well water and from flies The epidemic ceased when contamination by the bacteriophage became generalized

Dr D Herelle then read his third paper on the Pathology and Epidemiology of Cholera in Particular'

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minds of the young, just as golf, tennis and cricket were encouraged. The co-operation of mothers ought to be secured in taking care of and in teaching their children. He considered these measures to be very important in any campaign against tuberculosis. A short discussion also took place on the artificial pneumothorax method of treatment of lung tuberculosis in India.

Bacteriology.

DECEMBER 9TH, 10 A M TO 1 P M.

Chairman—Dr F d'Herelle (Egypt)

Rapporteur—Captain K R K Iyengar, I M S. (B. India).'

The section of bacteriology first dealt with two papers on Fungal Infections of the Skin by Dr McGuire (Bengal, B India) and Dr Panja (Bengal, B India). The first dealt with the Colour Variations found in *Epydermophyton cruris* in Culture—the latter with the Morphology and Cultural Characteristics of the *Malassezia* of the Skin. These papers were accepted without discussion. A paper on 'Streptococci in the Tropics' by Dr Bannerjee followed. Col Froilano de Mello (Portuguese India) concluded the morning session with a long and interesting communication on the Spirochaetal Fauna of the Teeth which dealt thoroughly with this complicated and difficult subject.

2 TO 4 P M

Chairman—Dr A H Baldwin (Australia)

Rapporteur—Captain K R K. Iyengar, I M S (B India).

At the afternoon session papers were read on 'The Cryptococcus' by Dr Bannerjee (Bengal, B India). The Anaerobic Bacterial Flora in cases of Cellulitis and Gangrene by Dr Ukil (Bengal, B India), Actinomycosis Hominis by Dr Sur (Bengal B India) and on the Incidence of Anthrax in Industrial Materials by Mr Krishnamurti Ayyar, I V S (Madras, B India). This last paper promoted some discussion on the provisions necessary to render such materials safe for use in which Mr Edwards (U P, B India) and Dr Panja joined.

SECTION IV.

Malaria : Control.

DECEMBER 5TH 11 A M TO 1 P M

Chairman—Sir Walter Fletcher, K B E (Great Britain)

Rapporteur—Lt Col C. A Gill, I M S (Punjab, B India)

Sir Malcolm Watson opened the section with a paper on the Future of Malaria Control in the Malay Peninsula, which was followed by an interesting

account by Lt Col S P James (Ministry of Health, London) of the proposals of the Malaria Commission of the League of Nations in respect of Malaria Control in South East Europe. Dr Scharff (Straits Settlements) recounted the result of Mosquito Control Measures in Rural Singapore, after which an interesting discussion, in which Dr Hoops (Straits Settlements), Dr Victor Heiser (Rockefeller Foundation), Dr Wellington (Federated Malay States) and others took part, served to bring out the complex nature of the malaria problem, and the necessity of further research, and the diverse methods of control that may be employed in different areas.

2 TO 4 P M

In the afternoon the same point was emphasized in a paper on 'The Theory and Practice of Malaria Control' by Lt Col C A Gill, IMS (Punjab, B India) which was followed by papers by Dr Strickland (Bengal B India) by Col Matsuno on Malaria in Japan, by Dr Ramsay (Assam, B India), and by Mr Iyengar (Bengal, B India).

Malaria : General.

DECEMBER 6TH, 10 A M TO 1 P M

Chairman—Sir Malcolm Watson (Federated Malay States)

Rapporteur—Lt Col S R Christophers, IMS (B India)

The discussions on malaria continued and the new point of view of paying special attention to the mosquito itself which transmutes malaria rather than to its larva which is the objective of most anti malarial work at present was dealt with by Lt Col James (Great Britain). Considerable difference of opinion among experts was found to exist on this point but the points at issue resolved themselves largely into the necessity of fully realizing how very varied are the different conditions under which malaria occurs. An important point was raised by Lt Col King (Madras, B India) which dealt with the necessity of considering public and other engineering works in relation to malaria. Large works are frequently put in hand which actually create facilities for malaria simply because the engineers responsible do not recognize the importance of certain precautions which are desirable from the point of view of the public health and on which proper expert medical advice should be arranged as a matter of routine. Sir Malcolm Watson (Federated Malay States) pointed out that they had largely got over this difficulty by the appointment of a special malaria engineer.

Malaria : Treatment.

DECEMBER 7TH, 10 A M TO 1 P M

Chairman—Professor J W W Stephens (Great Britain)

Rapporteur—Major J A Sinton, IMS (B India)

Col James (Great Britain) read a very instructive paper on 'Experiments in the Treatment of Malaria in England'. This valuable paper should give all malariologists much food for thought and should stimulate research along

fresh lines He discussed among other points the mechanism of cure in malarial fevers and some possible factors which may be responsible for variations in the immunity of different persons to infection by the malarial parasite

B India) then discussed the action of quinine on the malarial parasites

Upon the completion of these papers a very interesting and stimulating discussion occurred in which the following took part —

Prof Stephens (Great Britain) Dr Esch (C P B India) Sir Malcolm Watson (Federated Malay States) Dr Surti (Hyderabad Deccan) Col Gill (Punjab B India) Dr Sarkar (Bengal B India) Dr Williams (Assam B India) Mr Senior White (B India) Dr Murphy (Assam B India) Dr Gittins (C P B India) Dr Ghosh (Bengal B India) Col Knowles (Bengal B India)

Replies were given by Col James (Great Britain) Major Sinton and Dr Shaha

2 TO 4 P M

In the afternoon papers were read by Col De Mello (Portuguese India) on Malarial Treatment and by Dr Moresheeta (Formosa) on Malaria in Formosa

Kala-azar

DECEMBER 8TH 10 AM to 1 PM

Chairman—Lt Col S P James I M S (P d) (Great Britain)

Rapporteur—Dr L E Napier (Bengal B India)

The kala azar section was opened by Lt Col Knowles (Bengal B India)

Commission working in Assam and how they had failed to do so further by showing that the sandflies mouth parts actually became infected It had been proved that the sandfly almost certainly injected the parasite the investigation namely to show that the man bite of a sandfly was still wanting He could not infect a man or even an experimental animal and the experimental animal were very resistant to infection he produced evidence to support this apparently anomalous suggestion He thought that it was necessary to make further experiments in reducing the powers of resistance to infection of experimental animals Major Shortt (B India) gave a short description of the life history of *Leishmania donovani* the parasite of kala azar in the sandfly and in man,

he added a further description of what he believed to be the method by which man becomes infected when bitten by an infected sandfly. Dr. C. W. Young (Ct. - - - - -) on the - - - - - experiments - - - - - A very stimulating discussion followed these three papers. Lt.-Col. W. C. Ross (Bihar and Orissa, B. India) put forward the suggestion that insufficient epidemiological work had been done on this problem and that the contaminative theory of transmission was worthy of more consideration. Other members, including Col. Christophers (B. India), Col. Megaw (Bengal, B. India), Dr. Brahmachari (Bengal, B. India), and Dr. Napier (Bengal, B. India) spoke. The two former were of the opinion that the evidence was so strongly in favour of the sandfly being the transmitter that work on this insect alone should be continued for the time being. Lt. Col. Knowles summarized the discussion and dealt with the various points that had arisen. He pointed out that Col. Ross was wrong in complaining that little epidemiological work had been done: a great deal of epidemiological evidence had been sifted and it was as a direct consequence of this work that the sandfly had been first incriminated as a possible transmitter. He replied to other points that had been raised.

A paper was then read by Dr. B. M. Das Gupta (Bengal, B. India) and another by Lt. Col. Acton (Bengal, B. India) on the Mode of Action of Antimony in Kala-azar.

Protozoology, Typhus-like diseases and Leptospiræ.

DECEMBER 9TH, 10 A.M. TO 1 P.M.

Chairman—Col. S. L. Brug (Netherland Indies)

Rapporteur—Lt. Col. R. Knowles, I.M.S. (Bengal, B. India)

Lt.-Col. R. Knowles, I.M.S. (Bengal, B. India) read a paper on the Influence of the Thyroid Gland on the Course of a Protozoal Infection viz. surra. It - - - - -

R. Knowles then read a paper on Avian Spirochaetosis. The cycle in both the vertebrate host, the fowl, and in the invertebrate host—the tick, *Argas persicus*, was discussed in detail. In the fowl there is a single attack of fever and spirochaetes may be present for 2 to 7 days in the blood. No evidence was found of any granule phase, or of phagocytosis of the spirochaetes. The disease terminates in birds which recover by the spirochaetes forming into enormous tangles in the blood in which the spirochaetes gradually become immobile and then disintegrate. In the fed tick the vast majority of spirochaetes gather into similar big tangles and disintegrate. The few that survive, however, rapidly divide down until there are produced swarms of minute 'tenue' forms. These invade the body-cavity of the tick about the 6th day, and from it all the viscera. There is a progressive invasion especially of the salivary glands, and the tick becomes infective via the bite on the 6th day. No evi-

dence of any granule phase was found. The paper was discussed by Dr Dal (Bombay, B India) and Major R B Lloyd (Bengal, B India)

2 TO 4 P.M.

Chairman—Dr Naosuke Onodera (Japan)

Rapporteur—Lt Col R Knowles, IMS (Bengal, B India)

In the afternoon a paper was read by Lt Col J W D Megaw, IMS (Bengal, B India) on Typhus like Fevers caused by Ticks. The author related his own personal experience of having contracted such a fever after a bite from a tick. He then discussed the scattered sporadic cases of typhus like fever occurring after tick bites in Hyderabad, Saugor, and elsewhere. Also other groups of cases of similar character which have been recorded from various areas in India, the Federated Malay States, and elsewhere, but where no history of a bite from a tick could be obtained. The similarity of this fever to Rocky Mountain spotted fever and Brill's disease was discussed. The paper was followed by a considerable discussion in which Dr Schobl (Philippine Islands), Major Thompson (U P, B India) and Dr Strickland (Bengal, B India) took part.

A paper was then read by Dr C Strickland on an Epidemic of Pseudo typhus which occurred in Southern Queensland whilst he was on leave in Australia in 1925. The type described by Col Megaw, and affected those working in agriculture or suspicion of animal reservoirs of the disease, and transmission was probably by mites.

Dr Otto Schobl (Philippine Islands) then read a paper on Experimental Framboesia in the Monkey. This was illustrated by a splendid set of lantern slides showing every phase of the disease in experimental monkeys, the primary yaw papule, the metastatic lesions, the lesions on the hands and feet and the ulcerative late lesions which occur in the neighbourhood of joints. The experimental production of gangosa by inoculation with *Treponema pertenue* was fully demonstrated, and the modes of invasion of the nose and pharynx discussed. Dr Schobl's paper was very much appreciated by a large audience and was one of the most noteworthy contributions to the Congress.

Medical Entomology.

DECEMBER 9TH, 10 A.M. TO 1 P.M. AND 2 TO 4 P.M.

Chairman—Bt Col S R Christophers, IMS (B India)

Rapporteur—Captain P J Barraud (B India)

The following papers were read—

- 1 The Morphology of the Buccal Cavity of the Mosquito by Captain Barraud and Major Covell (B India)
- 2 Regional Distribution of Anophelines and Malaria in Bengal by Mr

- 3 Parasitic Nematodes of Anopheles by ²Mr. Iyengar (Bengal, B India)
- 4 Protozoan Parasites of Anopheles by Mr Iyengar (Bengal, B India)
- 5 The Classification and Identification of Members of the Genus Phlebotomus, etc., by Major Sinton (B India)
- 6 The Breeding of Sandflies in Nature and in the Laboratory by Dr Smith (Bengal, B India)
- 7 The Seasonal Irevallence of House Flies in Korea by Dr Kobayashi (Japan)

These papers were followed by interesting discussions in which Col Christophers (B India), Sir Malcolm Watson (Federated Malay States), Col Dunn (U P, B India), Col Gill (Punjab, B India), Major Shortt (B India), Mr R Senior White (Bengal, B India), Major Sinton (B India) and others took part

Helminthology.

DECEMBER 8TH, 2 TO 4 P M

Chairman—Col I Froulano de Mello (Portuguese India)

Rapporteur—Dr V T Korke (B India)

A most interesting paper was read by Professor Hata on the Prophylaxis of Chlonorchis on behalf of Dr Nagano (Japan)

A summary of a paper on the 'Ento parasites' found in the Tarabagan by Dr Li Yuan Po (China) was given by Col F de Mello, the Chairman

DECEMBER 9TH, 10 A M TO 1 P M AND 2 TO 4 P M

Chairman—Dr Hucheng Hsiang (China)

Rapporteur—Dr V T Korke (B India)

Papers on Hookworm were read by Dr Kendrick (Rockefeller Foundation), Dr Sweet (Rockefeller Foundation) and Dr Korke (B India) The papers proved to be very interesting and were much discussed

Nutrition

DECEMBER 5TH 11 A M TO 1 P M AND 2 TO 4 P M

Chairman—Lt Col Edward B Vedder (U S A)

Rapporteur—Major Clive Newcomb, I M S (Madras, B India)

The day opened with a most convincing paper by Col McCarrison (B India) on the Effect of Faulty Nutrition on the Production of many of the Common Diseases of India He concluded by saying 'When physicians, medical officers of health and the lay public learn to apply the principles which the newer knowledge of nutrition has to impart, when they know what malnutrition means, when they look upon it as they now look upon sepsis and learn to avoid the one as they now avoid the other, then will this knowledge do for medicine what asepsis has done for surgery'

In the course of the day Col McCarrison read four other papers, Major Sokhey (Bombay, B India), Major Newcomb (Madras, B India), and Dr Bose (Bengal, B India) one each, all dealing with Nutritional subjects The discussion was keen but good humoured

Deficiency and Endocrine Diseases.

DECEMBER 6TH 10 A M TO 1 P M AND 2 TO 4 P M

Chairman—Dr Victor G Heiser (U S A)

Rapporteur—Major Clive Newcomb I M S (Madras, B India)

The papers on Epidemic Dropsy and Beri beri by Lt Col Megaw and Lt Col McCarrison led to a long and most interesting discussion in which 12 members took part. The discussion revolved round the questions in the first place whether beri beri and epidemic dropsy were the same disease or were different degrees of one wide disease group. In the second place discussion centred on whether the cause of the disease group was one of vitamin deficiency or was due to a toxin derived from the grain or to the action of both these factors. The question of the conditions under which food is stored was especially emphasized by Col Megaw who pointed out that this question had not been given sufficient attention. There was general agreement that the means of preventing these diseases was at hand and consisted in the provision of a well balanced pure vitamin rich food. A paper on the Prophylaxis and Cure of Beri beri by Vitamin Preparations was read by Dr Jansen (Java) and Dr Donath (Java) who demonstrated the vitamin isolated by them.

SECTION V

Immunology, Chemico-therapeutics

DECEMBER 7TH 10 A M TO 1 P M AND 2 TO 4 P M

Chairman—Dr S Hata (Japan)

Rapporteur Captain K R K Iyengar I M S (B India)

An important paper on Some Factors Influencing the Therapeutic Value of Salvarsan was read by Professor Hata (Japan) and was followed by a very interesting discussion in which Drs Napier (Bengal B India) Gupta (Bengal B India) and Sarkar (Bengal B India) took part.

The following other papers were read and discussed —

- 1 Relation between Chemical Constitution of Antimonials and their Therapeutic Properties by Dr Brahmachari (Bengal B India)
- 2 Chemotherapy of Bubonic Plague by Father Caus and Dr Naidu (Bombay B India)
- 3 Further Evidences on Lymphocyte Antigen Antibody Reaction by Professor Taniguchi (Japan)
- 4 Development and Duration of Immunity by Inoculation and Reinoculation by Col Harvey and Capt Iyengar (B India)
- 5 Some clinical aspects of the Wassermann test by Major Lloyd (Bengal British India)
- 6 La Syphilis by Major Labernadie (French India)
- 7 The use of Aethoxyaminoacridinylactate in Tropical Colitis by Dr Urchs (Bengal B India)

Pharmacology.

DECEMBER 8TH 10 A M to 1 P M AND 2 TO 4 P M

Chairman—Dr B C P Jansen (Netherland Indies)*Rapporteur*—Lt Col R N Chopra I M S (Bengal B India)

Owing to the indisposition of Professor Read (China) his paper on the Action of Ephedrine was read by Major Hitchens (Philippine Islands) In the discussion that followed Col Chopra (Bengal B India) pointed out

B India) read a paper on The Stability of Chloride of Lime pointing out that this compound deteriorated when kept perfectly dry Col Chopra

de feasts both among the infants and adults the habit produced a physical as well as mental deterioration Dr Kessler (China) read a paper on the Action of Cardiazol which is an excellent circulatory and respiratory stimulant Dr Kubota (Manchuria) read a paper on the Investigation he is carrying with the Chinese Drugs and pointed out the difficulty of proper identification of these drugs Dr Onodera (Japan) read an interesting paper on the Physiological Action of Anions and suggested an entirely new aspect of their action

Rabies

DECEMBER 8TH 2 TO 4 P M

A paper on Rabies and Antirabic Treatment was read by Lt Col Cunningham (B India) in which the author described the differences in resistance of different strains of rabies virus both street and fixed to the action of ether

SECTION VI**Veterinary**

DECEMBER 7TH 10 A M TO 1 P M

Chairman—Col A J Williams R A V C (B India)*Rapporteur*—Mr F Ware I V S (Madras B India)

The papers read included two on Bovine Tuberculosis in India by Mr. Edwards and Dr Soparkar of the Imperial Institute of Veterinary Research, Muktesar which were much appreciated

2 TO 4 P M

Chairman—Dr N Nakamura (Japan)*Rapporteur*—Mr F Ware (Madras B India)

In the afternoon amongst several interesting papers was one by Dr Miyamoto (Formosa) on Urocystitis Haemorrhagica of Native Cattle

DECEMBER 8TH, 10 A M TO 1 P M

Chairman—Mr J T Edwards (U P, B India)*Rapporteur*—Mr F Ware (Madras, B India)

The section resumed its sittings on Thursday morning to hear two papers by Mr Edwards on the Recent Advances which have been made at Muktesar in the Study of Rinderpest

In closing the meetings of this section the President referred to the small number of veterinarians who had attended to hear some very interesting papers a remark with which all those present readily agreed

TOURS HELD IN CONNECTION WITH SEVENTH CONGRESS, FAR EASTERN ASSOCIATION OF TROPICAL MEDICINE.

December 11th to December 24th, 1927.

The tours originally organized in connection with the 7th Congress were a Northern Tour, a Southern Tour and a tour through the province of Bihar and Orissa. The tour through Bihar and Orissa had to be cancelled at the last moment due to want of support on the part of the members.

Northern Tour.

To Benares, Lucknow, Delhi, Agra, Sanchi, Bombay and back to Calcutta with Sub tours to Lahore and Kasauli and back to Delhi.

DECEMBER 11TH

A party of 57 delegates and their wives left Calcutta at 3 24 P M by special train on Sunday December 11th.

DECEMBER 12TH

Benares was reached at 6 A M. The delegates were met by the Collector of Benares, deputations from the Benares municipality and University and members of the Local Committee. They were first taken down the river to view the bathing and burning ghats and then visited the Golden Temple and other sights in the city. The remainder of the morning was spent at the Water Works where an Exhibition of Arts and Crafts and Sanitary Exhibits were inspected. They then attended a lunch given in their honour by the citizens of Benares. After lunch a visit was first paid to the Hindu University where the delegates were met by the Vice Chancellor Pandit Madan Mohan Malaviya and then to Sarnath of Buddhist fame.

DECEMBER 13TH

The tour left Benares in the evening and reached Lucknow early next morning.

The party was met by the Commissioner and Deputy Commissioner of Lucknow together with members of the Local Committee and deputations of the Lucknow municipality and University representatives of whom welcomed the delegates with speeches befitting the occasion.

After breakfast the whole party under the escort of the Deputy Commissioner visited Dilkusha, Wingfield Park, the Sikandar Bagh, the Chattr Manzil, Residency, Bara Imambara, Hussainabad, the Water Works and Kaiser Bagh. The Science Section of the Canning College and the Medical College were visited after lunch. Later in the afternoon the delegates were

half

past

the and

party

REPORT OF THE COMMITTEE ON BERI-BERI OF THE PHILIPPINE ISLANDS

I INTRODUCTION

... pical com- the five thousand one hundred (P 5,100) pesos has been approved for investigation and propaganda work, the International Health Board contributing with one hundred (P 100) pesos

The Committee was appointed on October 18, 1926, and held 8 meetings up to the present time for the discussions of the different aspects of the problem

The Committee is composed of the following —Dr Fernando Calderon, Col Edward B Veddar, Major A. Parker Hitchens, Dr Luis Guerooro, Dr. Laborio Gomez, Dr José Fabella, Mr A H Wells, Dr Isabelo Concepcion, Dr José Albert and Professor F G Santos members and Dr L Lopez Rizal, Chairman

II PRESENT SITUATION OF BERI BERI IN THE ISLANDS

No change has been noted in the situation of beri beri in the islands since

Mortality from beri beri in the Philippines

Year	Manila	Provinces,*	Total
1910	1 441	4 129	5 569
1911	1 331	4 367	5 698
1912	1 056	4 372	5 428
1913	606	3 194	3 800
1914	839	4 102	4 940
1915	872	4 336	5 208
1916	694	5 874	6,568
1917	490	7 463	7,953
1918	731	11 866	12 597
1919	405	11 991	12 397
1920	555	12 481	13 036
1921	705	15,311	16 016
1922	648	16,241	16 889
1923	698	17 417	18 115
1924	600	18 331	18 931
1925	697	17 944	18,641
1926	626	18 678	19 304

* Including deaths registered in Manila among non residents.

lysis of the facts, that might have contributed to this phenomenon, failed to show any other important factor than that errors may have possibly been made in the diagnosis, knowing that the death certificates and the diagnosis, of causes of death stated therein, are usually prepared by laymen

Judging from the death returns, beri beri is the third in the list of the more important causes of death in the Philippines, and contributes to our general mortality in about 8 per cent of the total mortality. Ninety one per cent of the total deaths from beri beri occurs as infantile beri beri (deaths among infants under one year)

There are annually an average of 16 500 deaths, in round numbers, ascribed to infantile beri beri which represents 28.10 per cent of the total deaths under one year of age, and 43.24 per thousand births

Beri beri prevails during the months of October, November, December and January

The disease is widely distributed. There is, however, a great variation in the range of mortality to the mortality statistics compiled. Cavite, Nueva Ecija, Bataan, Rizal, Laguna, Batangas, Tarlac, Bulacan, and the Islands of Mindoro and Marinduque contribute with the highest rates of mortality (from 20 to 51 per 10,000 population)

III RICE

It is still generally admitted that where rice forms the staple of diet beri beri prevails

At the last meeting (Tokio 1925) of the Far Eastern Association of Tropical Medicine resolutions were approved to the effect that the Governments concerned should encourage research towards developing a practical test to distinguish rice, that may cause or prevent beri beri and that facts be collected which may be used in classifying rice in its different stages in the process of milling. The Committee is fortunate in having amongst its members Colonel Edward B. Vedder, Chairman of the United States Army Medical Research Board in the Philippines well known for his previous works and investigations on beri beri in the islands who has willingly undertaken the task of performing the investigation of this aspect of the problem. After about two years work, he submitted a lengthy report, of which, for the sake of brevity, only parts will be quoted throughout this report

Importation and production of rice in the Philippines—From tables prepared by the previous Commission by data furnished by the Bureaus of Agriculture and Commerce, we are enabled to compile the amount of rice imported and produced in the Philippines. The Table below shows in kilograms the amount of importation and production of rice —

Importation and production of rice in the Philippines

Year	Total rice in kilograms	Total rice produced	Total rice imported	Percentage
1910	734 373 039	537 046 819	197 3 6 2 ⁰⁰	26 37
1911	768 306 581	584 631 8 ⁷³	183 6 ⁷¹ 7 ⁰⁸	23 91
1912	63 ⁹ 046 764	330 999 488	301 057 270	47 63
1913	784 639 153	697 649 599	86 989 555	11 09
1914	744 393 683	647 472,186	96 9 ²¹ 497	13 0 ²
1915	725 85 541	507 413 996	218 441 543	30 09
1916	784 206 803	594 431 2 ⁰⁶	199 835 577	24 21
1917	949 567 7 ⁰¹	802 53 ⁹ 007	146 935 715	15 48
1918	1 203 0 ⁰⁰ 455	1 019 3 ²⁹ 1 ²⁴	183 731 531	15 27
1919	1 012 812 736	861 993 978	50 818 758	5 02
1920	1 126 731 7 ²²	1 049 397 3 ⁷⁰	77 334 35 ⁷	6 86
1921	1 256 176 2 ²⁴	1 197 659 50 ⁷	58 517 717	4 66
1922	1,2 9 937 70 ⁹	1 230 942 841	42 294 868	3 31
1923	1 339 29 ² 905	1 277 843 806	66 449 039	5 36
1924	1 720 333 803	1 569 2 5 100	1 1 108 793	8 78
1925	1 824 509 923	1 723 311 006	101 198 917	5 55
1926	1 824 099 814	1 803 615 894	0 483 0 ⁰⁰	3 7 ⁷

Our production of rice is steadily increasing. Notwithstanding this fact the importation which ought to have decreased had during the last three years relatively increased in proportion to the production. However comparison of beri beri mortality and increased rice importation does not show any noticeable correlation.

Varieties of rice and rice mills—In the investigations performed by the previous committee the correlation of the different varieties of rice and presence of modern rice mills in each particular locality has been studied. The conclusion arrived at from the studies made was that no correlation exists between the number and presence of rice mills in the locality and that no significant correlation is there between the different varieties of rice and between beri beri mortality taken from the death returns. If any correlation was noted it was due to the degree of polishing the proportion of P_2O_5 content the degree of unpolishing etc. rather than the difference in variety.

Standardization of rice—This part of the work of the Committee has been totally undertaken by the member of the Committee, Colonel Vedder, with the co-operation of Mr. N. T. Feliciano, chemist of the Bureau of Science.

In the Philippines for a good proportion of rice a 0.5 per cent P_2O_5 content may probably be regarded as a fair standard for rice. The above was

a statement copied from the report of the previous Committee on Beri beri. It is realized that the standard, as it was found, if it has any significance, is only local and perhaps not applicable to other countries. It is further known to all the difficulties of applying this standard as it is not always dependable due to the practice of some rice dealers in the Philippines to mix rice polishing with the sample submitted for examination, thus increasing to some extent the P_2O_5 content.

Degree of unpolish content in rice, and taken as an index *f* (by microscopic method) determined the degree of unpolishing (the method described in previous report)

after with lities was recommended that the investigations on the standardization of rice be continued.

Fortunately for the present committee, at the time of its creation Colonel Vedder of his own accord as Chairman of the U. S. Army Medical Research Board had already started to work on this aspect of the problem, the results of which were made available for the preparation of this report.

Two hundred different samples of rice grown in different localities and of all degrees of milling were subjected to a series of studies by, 1st, determining the percentage of the external layer of the grain still adhering to them (degree of polishing) 2nd, examining them chemically, and 3rd, determining their beri beri producing potentialities by actual feeding to pigeons.

To determine the percentage of the external layer left in the grain, instead of using the microscopic method employed by the last Committee, Gram's iodine staining method was used. One significant fact noted from the results obtained is that out of 200 samples 7 showed 0 per cent of pericarp remaining and these were among the choice and over milled rices from Pampanga, (3) Nueva Ecija (1) and Hongkong (3) glutinous which is not commonly used.

Percentage of pericarp remaining	Number of samples
0	7
0—5 per cent	8
6—10	10
11—15	9
16—20	9
21—25	7
26—30	5
31—35	4
36—40	5
41—45	5
46—50	6
51—55	2

Percentage of pericarp remaining,	Number of samples.
56-60 per cent.	3
61-65 "	2
66-70 "	4
71-75 "	7
76-80 "	13
81-85 "	11
86-90 "	40
91-95 "	22
96-100 "	11

except for cakes, sweetmeats, etc., and that when native rices are found pounded or under milled, a large proportion of them contain not less than 75 per cent of pericarp remaining. These results will be further discussed in connection with their relation to beri beri. It should be taken into consideration that the method cannot be taken as an exact measure of the remaining pericarp for rices having less than 50 per cent of their external layers. An error of at least 10 per cent should be taken into account. However, for rices with the external layer practically intact and for those completely deprived of it, more accurate results are obtained.

Chemical analysis—Chemical analysis of the total 200 samples were made for the determination of moisture, fat, P_2O_5 ash, nitrogen and amido nitrogen.

All results were calculated on the original weight of the rice, rather than the dry weight, because this is the method in general use in determining the P_2O_5 content of rices submitted for routine analysis, since rice is not sold or consumed by dry weight. However, the percentages by dry weight were calculated for comparison. The results of the chemical analysis of the 200 samples are given in Table I. The results of the chemical analysis of the 200 samples are given in Table I. The results of the chemical analysis of the 200 samples are given in Table I.

results, whether calculations were made on original weight, or dry weight.

Feeding experiments—To determine the beri beri producing potentiality of the different varieties of rices under various degrees of milling, feeding experiments in pigeons were performed (about 900 pigeons were used). Pigeons were selected for feeding, because they are even more susceptible to polyneuritis than fowls and are readily handled. Four pigeons were fed upon each sample of rice, allowing them all that they would eat. No other food was given, except water, which is provided abundantly in each cage. The pigeons were observed every day and the date of the first symptoms of polyneuritis, as well as other subsequent paralysis, are carefully noted down and recorded. When the birds were on the point of death, they were treated by administering small amounts of rice polishings (tika tika) or an extract of the same. Prompt recovery almost invariably followed, which thus confirmed the previous diagnosis of polyneuritis. When death occurred in cases of doubtful diagnosis, a post-mortem examination was made.

or for other reasons the experiments on that rice were repeated with a new group of birds

Beri beri producing factor — Colonel Vedder has worked out a coefficient which he called factors were the disease

and the rapidity of development of the disease the percentage of the former to total number of pigeons used in the experiment divided by the average number of days elapsing from the time the rice was first fed until the first symptoms of polyneuritis appeared will represent the coefficient thus the higher the percentage of the birds that develop polyneuritis and the shorter the depletion period the greater the coefficient will be

The first symptoms of polyneuritis occasionally appeared as early as fifteen days after feeding. In cases that none of the birds developed the disease after 100 days of feeding it was assumed that the rice afforded sufficient protection and the experiment was discontinued. Since the pigeons are more susceptible to polyneuritis than men it may reasonably be claimed that any rice that protects pigeons for 100 days will prevent the appearance of beri beri in man even when used as an exclusive diet which is seldom the case.

Results of investigation and staining of remaining pericarp — Out of the 200 samples of rice examined 115 or 57.50 per cent of the total showed a percentage of over 50 remaining pericarp while 85 or 42.50 per cent showed 50 or less than 50 per cent pericarp remaining. In comparing these percentages obtained with the beri beri produced and the beri beri factor it is shown that no rice having 50 per cent or more pericarp remaining produced polyneuritis in pigeons at the same time it may be noted that 17 other samples having less than 50 per cent external layers of the grain protected against the disease as follows: 1 sample of rice out of 15 having only 10 per cent, 5 rices out of 17 having 20 per cent, 2 rices out of 5 having 30 per cent, 3 rices out of 5 having 40 per cent, 2 rices out of 4 having 50 per cent, 1 rice out of 4 having 60 per cent, 1 rice out of 4 having 70 per cent, 1 rice out of 4 having 80 per cent, 1 rice out of 4 having 90 per cent, 1 rice out of 4 having 100 per cent. This shows that to show whether the percentage of pericarp remaining is a factor in the production of P. O.

On the other hand experiments performed seemed to suggest the possibility that all the vitamin content is not always exclusively contained in the external layers of the rice and that the most highly milled contain traces of vitamin because of the fact that pigeons fed on a synthetic diet composed of corn starch 90 per cent, egg albumen 8 per cent, salt mixture 1 per cent and cod liver oil 1 per cent developed polyneuritis much faster than when fed on the most highly milled rice.

Only under milled rice was used in the diet of the Philippine Scouts since 1910 followed by the complete disappearance of beri beri from the sick list among them. Seven samples used in this series of 200 examinations were secured from rices furnished the Philippine Scouts. Out of these 7 samples only one had as low as 88 per cent pericarp and the remaining 6 samples ranged from 92.98 per cent. The remarkable success in the prevention of beri beri among the scouts was undoubtedly due to the method used in selecting rice for their diet. The method is therefore to be recommended as the best.

0.61-1	0.8	0.03-1
0.7-1	0.83	0.04-3
0.69-1	0.85-3	0.05-4
0.7-1	1-3	0.06-1
0.74-1	3	0.07-1
1-1	0.88-3	1.00-1
0.8-1	0.69-1	1.0-3
	1-1	1.0-3
0.9-4	0.91-1	1.0-3
0.91-1		1.04-4

As an index the ash is therefore less acceptable than the percentage of

only 3 showed 100 per cent of ash or over while 7 or 70 per cent gave ash percentage ranging from 0.67 to 0.9. Notwithstanding this fact all the samples proved to be beri beri preventing rices. The relation between the beri beri factor and the percentage of ash is given in the following Table —

Table showing the relation between beri beri factor and percentage of ash

Percentage of Ash	BERI BERI TYPE								
	0	0.01-1	0.01-1	1-1	1-1	1-1	1-1	1-1	Total
0.6-4									
0.64	1								
0.7-0.4	5	1	5	3		3		1	3
0.7-0.5	41	4		1		1			14
1.0-1.4	57	1	1						9
1.5-1.49	3								37
1.1	3								
TOTAL	144			13	13	5	6	3	48

Phosphorous pentoxide—The P_2O_5 standard is better than the ash but is not nearly as good as the fat standard. Out of 200 samples examined for P_2O_5 content, 21, or 10.5 per cent, was found to contain lower than the old 0.45 proposed standard for beri beri preventing rice and 179 or 89.5 per cent had the limit (0.45) or more. In comparing these findings with the results of feeding experiments, it was found out that the old standard 0.4 per cent is too low to be safe. Pigeons fed on rices having a minimum of, 0.62 per cent of P_2O_5 did not develop polyneuritis.

A total of 99 samples of rice were found to have at least 0.62 per cent P_2O_5 and afforded complete protection. At the same time there were 45 others that, coming below this minimum, afforded just the same protection. On the other hand, other rices having similar or relatively higher percentage of P_2O_5 than the old standard did not protect from polyneuritis as shown in the following Table:—

Samples of rice producing polyneuritis in pigeons

Percentage of P_2O_5	0.4—0.49	0.50—0.59	0.60—61
Number of sample*	43	27	2

It must not be forgotten that these experiments were made on pigeons, which are more susceptible to polyneuritis than man. It is probable, that, certain rices with high P_2O_5 percentage, that have not protected pigeons, would have protected man. It is a fact, however, that none of these rices contained 50 per cent of the external layers of the grain. To show the relation between beri-beri and the percentage of P_2O_5 , the following Table has been prepared:—

Table showing the relation between beri beri factor and percentage of P_2O_5

P_2O_5 per cent	BERI-BERI FACTOR									TOTAL
	0	0.01—0.50	0.51—1.00	1.01—1.50	1.51—2.00	2.01—2.50	2.51—3.00	3.01—3.50	3.51—4.00	
0.20—0.40 .	1	..	1	1	4	.	3	3	3	16
0.41—0.60 . .	43	6	6	11	9	5	3	..	..	83
0.61—0.80 . .	73	..	..	1	..	.	.	..	..	74
0.81—1.00 . .	25	..	..	..	..	..	.	..	..	25
1.01—1.20 . .	.	..	..	..	..	.	.	..	..	..
1.21—1.40 . .	..	..	.	.	.	.	..	.	..	..
1.41—1.60 . .	1	..	..	.	..	..	..	.	.	1
1.61—1.80 .	1	.	.	.	.	.	.	.	.	1
TOTAL	141	6	7	13	13	5	6	3	3	200

Results of examination of fat in rice—The results of examination of fat in 200 samples chemically examined showed a wide variation the figures ranging from 0.22 to 2.86 as maximum. Pigeons fed on rices having at least 1.28 per cent of fat did not develop polyneuritis. Out of the total samples (200) examined 84 or 42 per cent of the rices gave 1.28 or more percentage of fat, and all (116) afforded protection. The total pigeons that did not develop beri beri, however, is 144. There are, therefore, 28 more samples, that although having less than 1.28 per cent of fat did likewise afford protection. It is a fact however that percentage of fat (1.28) taken as standard, would constitute a better index than the ash or P_2O_5 , but practically less dependable than the per cent of pericarp remaining. The relation between the percentages of fat and the beri beri factor is shown in the following Table —

Table showing the relation between beri-beri factor and percentage of Fat

Percentage of Fat	BERI-BERI FACTOR									
	0	0.01-0.50	0.51-1.00	1.01-1.50	1.51-2.00	2.01-2.50	2.51-3.00	3.01-3.50	3.51-4.00	TOTAL
0-0.24					1					1
0.25-0.49					2	1	3	1	2	9
0.50-0.74			2	5	2	3		2	1	15
0.75-0.99	3	2	3	7	6	1	3			25
1.00-1.24	19	4	1	1	2					27
1.25-1.49	32		1							33
1.50-1.74	27									27
1.75-1.99	29									29
2.00-2.24	18									18
2.25-2.49	12									12
2.50-2.74	2									2
2.75-2.99	2									2
TOTAL	144	6	7	13	13	5	6	3	3	200

Phosphorous pentoxide—The P_2O_5 standard is better than the ash but is not nearly as good as the fat standard. Out of 200 samples examined for P_2O_5 content, 21, or 10.5 per cent, was found to contain lower than the old 0.45 proposed standard for beri beri preventing rice and 179 or 89.5 per cent had the limit (0.45) or more. In comparing these findings with the results of feeding experiments, it was found out that the old standard 0.4 per cent is too low to be safe. Pigeons fed on rices having a minimum of 0.62 per cent of P_2O_5 did not develop polyneuritis.

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Percentage of P_2O_5	0.4—0.49	0.50—0.59	0.60—0.61
Number of samples	43	27	2

It must not be forgotten that these experiments were made on pigeons, which are more susceptible to polyneuritis than man. It is probable, that, certain rices with high P_2O_5 percentage, that have not protected pigeons, would have protected man. It is a fact, however, that none of these rices contained 50 per cent of the external layers of the grain. To show the relation between beri beri and the percentage of P_2O_5 , the following Table has been prepared —

Table showing the relation between beri-beri factor and percentage of P_2O_5 .

P_2O_5 per cent	BERI-BERI FACTOR									TOTAL
	0	0.01—0.50	0.51—1.00	1.01—1.50	1.51—2.00	2.01—2.50	2.51—3.00	3.01—3.50	3.51—4.00	
0.20—0.40	1	..	1	1	4	..	3	3	3	16
0.41—0.60	43	6	6	11	9	5	3	..	.	83
0.61—0.80	73	..	..	1	..	..	..	..	..	74
0.81—1.00	25	..	.	..	..	.	..	.	..	25
1.01—1.20	.	..	..	..	..	.	.	.	.	..
1.21—1.40	..	..	..	..	..	..	.	..	..	..
1.41—1.60	1	..	..	..	..	.	..	.	.	1
1.61—1.80	1	.	..	..	..	..	..	.	.	1
TOTAL	144	6	7	13	13	5	6	3	3	200

Results of examination of fat in rice—The results of examination of fat in 200 samples chemically examined, showed a wide variation the figures ranging from 0.22 to 2.86 as maximum. Pigeons fed on rice having at least 1.28 per cent of fat did not develop polyneuritis. Out of the total samples (200) examined 84 or 42 per cent of the rices gave 1.28 or more percentage of fat, and all (116) afforded protection. The total pigeons that did not develop beri beri, however, is 144. There are, therefore, 28 more samples, that although having less than 1.28 per cent of fat did likewise afford protection. It is a fact however, that percentage of fat (1.28) taken as standard, would constitute a better index than the ash or P_2O_5 but practically less dependable than the per cent of pericarp remaining. The relation between the percentages of fat and the beri beri factor is shown in the following Table—

Table showing the relation between beri-beri factor and percentage of Fat

Percentage of Fat	BERI-BERI FACTOR									TOTAL
	0	0.01-0.50	0.61-1.00	1.01-1.50	1.51-2.00	2.01-2.50	2.51-3.00	3.01-3.50	3.51-4.00	
0-0.24					1					1
0.25-0.49					2	1	3	1	2	9
0.50-0.74			2	5	2	3		2	1	15
0.75-0.99	3	2	3	7	6	1	3			25
1.00-1.24	19	4	1	1	2					27
1.25-1.49	32		1							33
1.50-1.74	27									27
1.75-1.99	29									29
2.00-2.24	18									18
2.25-2.49	12									12
2.50-2.74	2									2
2.75-2.99	2									2
TOTAL	144	6	7	13	13	5	6	3	3	200

Table showing the values of the percentages of the different chemical components of rice as a beri beri preventing index

Factors considered	Minimum standard found in percentage or totals	No of samples of protecting rice excluded	REMARKS
Ash	1 05	59	
P O ₅	0 62	45	Better than the ash but is not as good as the fat
P ₂ O ₅ + Ash	1 70	43	Better than the previous ones
P ₂ O ₅ + Fat	1 77	14	Better than fat alone
P ₂ O ₅ + Ash + Fat	2 70	13	Better than the previous ones
2 Fat + P O ₅	3 07	17	Less than P ₂ O ₅ + Fat but better than P ₂ O ₅ + Ash
2 Fat + Ash + P ₂ O ₅	3 94	13	Not as good as the P ₂ O ₅ + Ash + Fat

In an effort to look for a more dependable and satisfactory standard that would exclude all rices or at least the great majority of them that may produce beri beri it was tried to find out whether the summations of ash and P₂O₅ factors together of P₂O₅ and fat together, and of fat, ash and P₂O₅ and then 2 fat plus P₂O₅ of fat plus P₂O₅ plus ash would make a more satisfactory standard. The results of those trials showed, that, the total of fat, ash and P₂O₅ while it may be considered a better standard than all the rest, it excludes also beri beri protecting rices.

A resume of the values of the percentages of each one of these chemical compositions, as a beri beri preventing index, is shown together in the following Table —

Table showing the values of the percentages of the different chemical component of rice as a beri beri preventing index.

Factors considered	Minimum standard found in percentage or total	No of samples of protecting rice excluded	REMARKS
Ash	1 05	59	
P ₂ O ₅	0 62	45	Better than the ash but not as good as fat.
Fat	1 28	28	Better than the previous ones
P ₂ O ₅ + Ash	1 70	43	Slightly better than P ₂ O ₅ alone
P ₂ O ₅ + Fat	1 77	14	Better than fat alone
P ₂ O ₅ + Ash + Fat	2 70	13	Better than the previous ones
2 Fat + P ₂ O ₅	3 07	17	Less than P ₂ O ₅ + Fat but better than P ₂ O ₅ + Ash
2 Fat + Ash + P ₂ O ₅	3 94	13	Not as good as the P ₂ O ₅ + Ash + Fat

In coming to the selection of the best index for the standardization of rice, several factors should be considered, viz, simplicity in the procedure, easiness in determination, time employed in its determination, practicability of its application and other minor things to suit every particular locality and condition. But as a general index, the Committee may suggest the following recommended by Col Vedder thus: *Any rice having 1.77 per cent of P_2O_5 , plus fat but not less than 0.4 per cent P_2O_5 or any rice not having less than 0.6 per cent or any rice not having less than 0.5 per cent P_2O_5 and with at least 7.5 per cent remaining external layers*.—One hundred and twenty-nine rices containing not less than 1.77 per cent of the totals of these constituents afforded complete protection. Out of this total, only one contained as little as 0.4 per cent of P_2O_5 . It is to be observed that only nine out of all the samples that afforded protection to pigeons are excluded when the above requirements are possessed. There is, therefore no possibility of excluding, from the practicability view point, a large proportion of rice for having less than the required P_2O_5 percentage or other constituent.

Classification of rice in its different stages in the process of milling—To formulate a more definite understanding in the designation and naming of the different degrees of milling of rice, the determination of the remaining pericarp by inspection and iodine staining is suggested as the most practical

these having 21-49 per cent, *medium milled rice* and from 50-100 per cent *under milled rice*.

Effects of preparation of rice for food on the vitamin content—The different procedures used in different countries in the preparation of rice for food may

as porridge rice, while others cook it with only enough water to cook and dry. The Filipino way of preparing and cooking rice is in detail as follows: (i) *P* times until the washing is almost clear (ii) add enough water to level of about 3 or 4 centimeters above the surface of the rice and (iii) put on the fire to cook.

Taking into consideration that the anti-neuritic vitamin is freely soluble in water, it may be presumed that rice treated in this way would readily lose part of its beriberi preventing power. Experiments performed, by the previous Committee, on the P_2O_5 content of washed and unwashed rice, showed a reduction of this constituent after washing, the average difference in the ten samples examined being 0.25 per cent less in washed as compared with the unwashed. The practice of rubbing the rice against the inner sides of the

pot is the common way of cooking rice in the Philippines, instead of the mere washing alone in the experiments, will undoubtedly remove a good portion of the external layers, and consequently reduce to a greater portion the percentage of P_2O_5 content of the rice grains

The local method of preparing and cooking rice should always be taken into account as a factor of relative importance when we come to consider the local beri beri incidence

The index suggested for the standardization of rice provides a considerable margin of safety

Transportation and storage—Transportation of rice does not offer any problem in connection with the prevalence of beri beri, except perhaps as regards the bags used in the transportation. Paddy rice (*pa'ay*) does not alter much whether packed in old or new, clean or dirty bags, but milled rice needs to be packed for transportation in clean and insects free bags to protect the same from every deterioration. Rice, during transportation especially in long voyages should be protected against moisture. Fortunately in the Philippines, inter island communications are not commonly long enough to affect much the quality and keeping property of milled rice

! On the other hand, storage presents certain aspects which should be given consideration, administratively speaking. Paddy rice is usually stored not longer than nine months in the Philippines, while rice after milling rarely remains longer than three months before it goes to the consumer. As a matter of fact paddy rice under normal circumstances when in properly ventilated and water proof storehouses does not usually deteriorate after many months or even years. There are different kinds of rice (*palay*) which deteriorate easily within a short time (*gangan* and others) but these varieties are raised in very insignificant quantities and only in certain localities of the Islands. As if stored in damp and poorly dirty old bags or insect contamination depends, however, on the kind of rice and on the degree of polishing and whitening to which it has been subjected in the milling process as well. In the last Report of the Beri beri Committee, the rapidity of deterioration has been the subject of detailed studies, and it was stated that the deterioration occurs earlier and more the latter can be

The deterioration found consisted in the loss of the rice polishings, the destruction of the germs and the kernel and the subsequent reduction of P_2O_5 content. The most important factors found contributing to the deterioration of rice while stored were (a) the polishing itself, due to its hygroscopic property, (b) the mites, (c) rice weevil and rice beetle

While trying to find out the most suitable standard for beri beri preventing rice, the following experiment was performed—Ten kilos of each sample of rice were purchased. The rice was kept in tightly covered tin cans in a dry store room, each can being labelled with the serial number of the rice. As

experience promptly showed that weevils, moth and other mites develop in
 lasted'

Whether the long storage and deterioration suffered from affects or not the potentiality of beri beri preventing rice needs further studies and investigations. Instances are there that prove that long stored under milled rice, although musty and unfit for human consumption, still prevented the development of polyneuritis on fowls, when fed as an exclusive diet. In a special series of experiments, performed by Col Vedder, twenty deteriorated and heavily infected samples of rice were selected, analysed and fed on pigeons. The results were that none of them proved to be beri beri preventing rice. It should be noted that 7 out of the 30 samples contained originally 1.77 total of P_2O_5 plus fat, which in accordance with the previous experiments should have prevented polyneuritis.

Several methods have been suggested to prevent the deterioration of rice caused by insects. The use of carbon tetrachloride, of heat, as it is being widely used in the United States, and of chloroform proved to be effective.
 provisions are nowhere strictly enforced

IV. DIAGNOSIS OF BERI BERI

Several times, in the course of the studies that have been made by the various Com-
 from the
 correctness
 mortality
 seldom seen in Manila (City), and the same condition might be occurring in the provinces. By a resolution of the present Beri beri Committee, it was decided that a clinician be appointed to conduct an investigation on the diagnosis of beri beri in the provinces. Dr. Agoncillo B. M. Sison was appointed and given the following instructions:—In order to have a more dependable
 of the diagnosis will be made on (a) cases of beri beri found in the dispensaries and puericulture centres, both adults and infants (b) deaths from beri beri as stated in the death returns, both adults and infants, (c) verify the errors in diagnosis separately in both cases (d) make a separate survey to see actually whether or not the disease is really increasing

The provinces of Nueva Ecija, Cavite and Bataan which appeared to have the highest morbidity from beri beri, besides Manila, were investigated. Another physician Dr E Salud of the Cavite Hospital helped Dr Simon in this investigation which was started in March 24 in Manila and lasted until May 31 in the province of Bataan.

The towns of San Jose, Mufios, Aliaga and Talavera were visited in Nueva Ecija, the municipalities of Rosario Mendez, Alfonso, Bailen, Kawit, Novelets, Imus and Tanza were investigated in Cavite and in the province of Bataan the work done in the province of Balanga, Pilar and Oram. In the selection of these municipalities, the high morbidity and mortality from the disease and the facilities of communication were taken into account.

RESULTS

(a) *Manila*—Twenty seven cases were all the cases investigated in Manila during the short period of time available. Out of this total, 23 were among adults and four cases among infants. Twenty four of this total were confirmed, giving an error of 11.1 per cent in diagnosis. Out of seven deaths supposed to be due to infantile beri beri five were confirmed with an error of 28.58 per cent. It must be said that all the seven cases of infantile

investigations

(b) *Nueva Ecija*—A total of 201 living cases and 18 dead of beri-beri were investigated. Out of 201 living cases, 189 were among adults and 12 infants of which 140 cases in adults and 10 in the infants were confirmed, giving a total error of diagnosis in 25.37 per cent or 25.93 per cent and 16.67 per cent of error for adults and infants respectively. Out of 18 deaths supposed to have been caused by beri beri in this province, all among infants 15 were confirmed, giving a correct diagnosis in 83.33 per cent and an error of 16.67 per cent.

(c) *Cavite*—Eight municipalities have been visited in this province. A total of 184 living cases and 35 deaths diagnosed as beri beri have been investigated. Among the living cases only four infants, while among dead cases 23 were infants. The errors of diagnosis found were 16.8 per cent in living cases and 56 per cent in dead cases. All cases among infants were confirmed in 100 per cent while infants whose deaths were attributed to beri-beri, 52.12 per cent of the diagnosis were found incorrect.

(d) *Bataan*—Very few cases and deaths from beri beri were investigated in this province due to the short period of time available. There were in total 17 living cases and 22 deaths investigated. The errors found were 6 per cent in living cases and 45.5 in dead cases. No living case was found among infants while out of the total 22 deaths diagnosed as beri beri, giving

an error of 45.5 per cent in diagnosis. A résumé of the findings and errors is given in the following Table —

Errors found in the diagnosis of beri beri

	Manila			Nueva Ecija			Cavite			Batangas		
	Number investigated	Number Confirmed	Percent error	Number investigated	Number Confirmed	Percent error	Number investigated	Number Confirmed	Percent error	Number investigated	Number Confirmed	Percent error
Living Adults	23	23	4.49	189	140	26.93	180	149	17.22	17	16	6.00
Living Infants	4	2	50.00	12	10	16.67	4	4	0	0	0	0
Living Total	27	24	11.2	201	150	25.37	184	153	16.8	17	16	6.00
Dead Adults	0	0	0	0	0	0	2	0	100	0	0	0
Dead Infants	7	5	28.6	18	1	16.6	21	11	52.17	22	12	45.45
Dead Total	7	5	28.6	18	1	16.67	23	11	56.00	22	12	45.45

But the wide variation of errors found does not give the gauge of these errors nor can the Committee formulate an acceptable standard for the same that can be applied to our death returns and obtain a corrected death from beri beri. It is to be considered further that the number of cases investigated in each province were scarce the provinces visited very few that it is not believed they constitute a representative number enough to draw conclusions therefrom. One fact however had become known to the Committee and this was that in actual living cases personally seen by health officers in the

death certificates in the provinces are prepared by laymen and the diagnosis stated therein have had to be based on the history of the disease and few data given by the informant who in the majority of the cases being a mere family friend or neighbour might have not even seen the case.

Another thing that the Committee cannot but over emphasize is the fact that no matter how great the error found was in the diagnosis of beri beri in the death returns the importance of the beri beri problem in the Philippines as a health problem cannot be minimized nor underestimated. 40.63 per cent was the error found in diagnosis of fatal cases in the three provinces. If applied to our mortality figures in the provinces for the last few years they would show that beri beri in the provinces has as was stated been increasing. The following Tables of mortality from beri beri in the provinces from 1910 to 1917 uncorrected and from

1918 to 1926 inclusive corrected on the basis of 40.63 per cent error is given for information

Years	Uncorrected	Years	Corrected
1910	4 123	1918	7,045
1911	4 367	1919	7 114
1912	4 3 0	1920	410
1913	3 194	19 1	9 09
1914	4 109	1922	9 64
1915	4 336	1923	10,341
1916	5 8 4	1924	10 883
1917	7 463	19 5	10 633
		19 6	11 098

V COMMON DIET OF FILIPINO LABORING CLASS

The Filipino laboring class is the group of the population mostly affected by beri beri. The investigation of the last Committee showed that 89.18 per cent of the cases of beri beri occurred among the poor class of the population. Our laboring class has very meagre earnings and therefore they cannot be expected to get a varied and more balanced diet. If we admit that beri beri is a vitamin deficiency disease as it is the general consensus of opinion it has to be admitted or at least it should be expected that beri beri must be a prevailing disease among our people of the poor class taking into consideration their poor salary and that rice is the staple diet. The estimate of the daily cost of living in various provincial capitals according to data obtained from the Bureau of Labor give the following amount for food for the different years —

Daily cost of food

Years	1910	1918	1920	19 5.
A single labourer	P 0.43	P 0.65	P 0.84	P 0.71
A family with two adults and three minors	P 0.66	P 1.01	P 1.42	P 1.25

The daily cost of food for a family of two adults and three minors in various localities in the Philippines was also given by the Bureau of Labors as follows

San Jose Ant que	P 1.04	Ilo lo Ilo lo	P 1.43
Legazp Albay	P 1.58	Lacag II Norte	P 0.97
Cebu Cebu	P 1.9	S Fernando Union	P 1.0
Davao Davao	P 1.50	Average	P 1.23

It would be worth mentioning also that the wage earners population in the Philippines is estimated (Bureau of Labor) at 2 857 401 which is about 25 per cent of the total population. The facts would only show that beri beri is too big a problem.

In the investigation of 600 families with a history of beri beri among their members it was found out by the last Committee that the number of staples of diet besides rice which were most commonly consumed may be reduced to seven varieties. It was also found out that the common diet of families of the anti more com In spite insufficient amount of each variety of food ingested and consequently an insufficient vitamin for the requirements of the metabolism or are there other factors the members iestions made that further studies and investigations be performed

Taking advantage of the investigations to be performed in various provinces for the verification of diagnosis Professor F C Santes offered himself to work and study for the Committee in this respect. Professor Santes visited three provinces Nueva Ecija Cavite and Bataan and with the co operation of one assistant made quantitative and qualitative studies of the common diet of beri beri families as compared with that of non beri beri families. Unfortunately not having finished his experiments on the different varieties of food he had not been able to submit his report in time to be included here. However Professor Santes has apparently come to the conclusion that the diet of the beri beri families although composed of different varieties rich in

beri beri due to their individual likings of vitamin deficient foods. As soon as the report of Professor Santes is submitted the same will be published as an appendix to this report

VI EDUCATIONAL CAMPAIGN CONFERENCES LECTURES PAMPHLETS

Appine Health Service through its medical officers is co operating with this work. The work performed in this respect during the last year was as follows —

- (a) Publication of some hints on beri beri prevention and aetiology in the daily papers
- (b) Cinematographic projections on the prevention and causes of beri beri (translated in different local dialects)
- (c) Conferences on the same subjects given to the teachers in Baguic

- (d) Conferences on the same subject in the towns and barrios by Presidents of Sanitary Divisions and District Health Officers as part of their duties
- (e) Publication of a pamphlet on the aetiology, symptoms and prevention of beri beri. This pamphlet is being translated into different dialects

VII TIKI TIKI PRODUCTION

The tiki tiki production in the Islands has not increased during the last few years. Tiki tiki extract is the only product known by the people to cure beri beri, and it is the most commonly used. The Beri beri Committee has again recommended the purchase of enough material and machineries to increase production for free distribution.

VIII SUMMARY

1 Beri beri is a prevailing disease in the Philippines. It is decreasing in Manila, but slightly increasing in the Provinces.

2 The importation of rice has relatively increased during the last three years, although our local production has also increased.

3 Correlation exists between the local production of rice and the incidence of beri beri.

4 Beri beri prevails during the months of October, November, December and January.

5 Beri beri is widely distributed in the islands, although there is a wide variation in the rates of mortality.

6 The proportion of the external layers remaining on a given rice may be determined with reasonable accuracy by inspection after staining with Gram's iodine solution.

7 Rices examined by inspection method, after staining having 50 per cent or more of the external layer, do not produce polyneuritis when fed to pigeons.

8 Selection of rice by using the minimum 50 per cent external layers remaining as standard, through staining and inspection method, may prevent beri beri.

9 This method may be used for the classification and naming of the different stages of rice during the process of milling.

10 Amado nitrogen is useless as a chemical index, 1.05 per cent ash is a poor index, 0.62 per cent P_2O_5 content is better, and 1.28 per cent fat is a much better index.

11 Rice having 1.77 per cent P_2O_5 plus fat but not less than 0.4 per cent P_2O_5 content, and rices having not less than 0.62 per cent P_2O_5 , or rice having 0.50 per cent P_2O_5 and with the least 75 per cent of the external layers remaining. These rices excluded.

12 Rice becomes deteriorated while stored and the causes of deterioration and mainly dampness and insects

13 Under milled rice deteriorates earlier and more rapidly than the over-milled rice

14 The different trial methods of preparing rice for food affects the P_2O_5 and presumably the vitamin content

15 Errors in diagnosis of beri beri in the city and the Provinces, not only in living cases but also in fatal cases were found. There is wide variation in the errors found in different localities

16 No matter how great the error found was, there is no doubt that the problem of beri beri is of capital importance in the islands

17 Our labouring and poor classes are the most affected by beri beri

18 The average daily cost of food for a family of two adults and three minors is P 1.25. The amount is considered too small to permit an abundant food.

19 The diet of beri beri families as found by the investigation, although varied, seems to be inadequate in amount

IX. RECOMMENDATIONS

1 Eighty per cent remaining external layers of the grain of rice, determined by staining and inspection method, may be recommended as standard for the selection of rices for institutions and armies. This is not recommended as a legal standard

2 Rices with 0—20 per cent of the external layers should be called *highly-milled rice*. Those having 21—49 per cent *medium milled rice* and those having 50—100 per cent *under milled rice*. In the determination of the percentages of remaining external layers the Gram iodine staining and inspection method should be used

3 The production of highly milled rice should be discouraged

4 Any rice having 1.77 per cent of P_2O_5 , plus fat, but not less than 0.4 per cent P_2O_5 , or any rice not having less than 0.62 per cent P_2O_5 , or any rice having not less than 0.50 per cent P_2O_5 and with the least 75 per cent of the external layers of the grain remaining is suggested as the tentative chemical index

5 The production of vitamin containing home vegetables should be encouraged

6 A wide campaign of education for the spread of knowledge about beri-beri prevention should be continued

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AUSTRALIA

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Manickam Rao Saheb Dr C I	Port Blair
Pillai Dr T R Govindaaswami	Port Blair
Karumbayram Jemadar T B	Port Blair
Hennessy Major J M R	Port Blair
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Bihar and Orissa

Hassan Dr Syed	General Hospital Patna
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Gupta Mr D N	Arrah
Das R B Dr P N	Civil Surgeon Puri
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Hill Lt Col Owen A R Berkeley	Kanke P O Ranchi

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Sinha Dr Sadhu	District Health Officer Bhagalpur
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Pal Dr Kali Das	Civil Surgeon Sambalpur
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Wardman Dr (Miss) Marie	Mission to Lepers Purulia
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Unger Major O R	Hazaribagh
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Basu Dr S C	Puri Pilgrim Hospital Puri
Ally Dr L K	Narayanpur Dispensary Narayanpur
Cochrane Dr Robt G	Purulia
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Quinlan Dr D	Director of Civil Veterinary Department, Bihar and Orissa
Das Captain Krishna Kamal	Helminthological Enquiry Katari Road, Gaya
Ally Dr S R	P O Bihpur
Prasad Dr Sudheswari	Habibpur P O Sohسرائ
Landeman Dr F	Leper Asylum Puruba
Dutton Lt Col H R.	Prince of Wales Medical College Patna
Ross Lt Col W C	Director of Public Health Bihar and Orissa Patna
Livesey Dr S M	Laheriasera
Macphail Dr Ronald M	Bamdah via Simultala E I R
Menezes Dr L de	Lady Elgin Hospital Gaya
Kitchen Dr James	Tesri via Giridih E I Ry
Moynhan Dr Adra	
Dastidar Dr S K Ghosh	Prince of Wales Medical College Patna
Varma Dr S P	Prince of Wales Medical College Patna
Dalejpa Dr K	Darbhanga Medical School Laheriasera
Sinha Dr M P	Patna General Hospital Patna
Poy P S Dr Probhas Chandra	Gulzarbagh Patna
Ahmed K B Dr Wali	Bankipur Patna
Mukherjee Dr A K	Civil Surgeon Puri.
Lal Dr Ram Prasad	Dinapur Cantonment Dinapur
Rashid Dr S A	Khagul Hospital P O Khagul

Central Provinces

Kukday Col K V	I G Civil Hospitals Central Provinces, Nagpur
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BRITISH INDIA—contd

Central Provinces—contd

Singh Dr Kalwant	Cantonment General Hospital Ramptee
Felt Dr F R	M E Mission Jubbulpore
Das Dr Upendra Mohan	P O Ramakona District Chhindwara
Oxley Lt Col J C S	Civil Surgeon Jubbulpore
Sanyal Dr Sukumar	Civil Surgeon Seoni
Joshi Dr Purshottam Sukharam	Chaurai Dispensary Post Chaurai
Richardson Joseph Murray	Civil Surgeon Narsinghpur
Phatak Dr Vamankondo	Medico Surgical Hall Chhindwara
Mukerjee Dr Panchanon	Drug
Bobde Dr Mahadeo Balkrishna	Tumsar
Varkherkar Dr Purshottam	Wun
Gupta Dr Bapurao Bhaskar	Post Pandharkoura
Azeem M Abdul	P O Anjangaon
Datta Dr Ram Dayal	Multa Dispensary District Betul
Tiwari Dr Tulsiprasad	P O Pendra
Mukerji Dr Subodh Chandra	Civil Surgeon Betul
Powell Lt Col W J	Nagpur
Chandorkar Dr B R	Nagpur
Hameed Mr Syed Abdul	Raigarh State
Jatar Major N Shriram	Superintendent Civil Jail Nagpur
Esch Dr C D	Dhamtari
Bauman Dr Harvey R	Champa District Bilaspur
Walker Col J Norman	I G Civil Hospitals Central Provinces Nagpur
Verma Dr Satchitanand	Branch Dispensary Birdpur
Lutz Dr Elizabeth Jane	Tubercular Sanatorium Pendra Road Dis- trict Bilaspur
Bhalerao Dr K D	Raipur
Bharucha Dr N H	Mayo Hospital Nagpur
Bodey Dr D R	Robertson College Jubbulpore
Das Dr Bhagwan	Civil Surgeon Khandwa
Swami Dr B Krishna	P O Dgras District Yeotmal
Khare Dr N B |	Craddock Town Nagpur
Little Major C J H	District Headquarters Mhow
Mohan Captain G V Ram	Jubbulpore
Scott Dr C V	Canadian Mission Hospital Rutlam.

BRITISH INDIA—*contd*
Central Provinces—concl'd

Dube Dr B R	Medical School Nagpur
Pyper Major J C	No 5 Saugor
Roy Dr S C	Medical School Nagpur
Hamilton Browne Dr E	Lady Hardinge Hospital Akola
Webb Lt Col H G Stiles	Director of Public Health Central Provinces Nagpur
Rarubo Dr Victor G	Mungeli Area Christian Hospital and Dispensaries Bilaspur
Stirling Major R F	Nagpur
Mackellar Dr M	Neemuch Central India
Maclean Dr Jean Robertson	Chhindwara
Macadam Dr (Miss) N R	Dufferin Hospital Nagpur
Nicholson Dr Hofe H	Jackson Memorial Hospital Bilaspur
Crozier Dr Jennie	Disciples of Christ Mission Harda
Nerurkar Dr K G	Medical School Nagpur
Demonte Dr (Miss)	Dufferin Hospital Nagpur
Karani Dr (Miss) J L	Opposite Juma Tank Nagpur
Sen Dr Lohit Mohan	Health Officer Nagpur
Mangrulkar Dr Yadao Balwant	Secretary at Nagpur
Barretto Dr C	Lampjee Road Nagpur
Pathak Dr V M	Craddock Town Nagpur
Gittins Dr Robert J	Friends Mission Hospital Itarsi

North West Frontier Province

Brierley Lt Col C I	C M O N W F P Peshawar
Diamond Captain W E R	Assistant Director of Public Health N W F P Peshawar
Din Captain M Fazlud	Agency Surgeon Jandula
Harvey Captain A E D	Superintendent District Jail Peshawar
Sahib Dr Khan	Fazal Huq Street Peshawar City
Ram Mr Pars	Frontier Constabulary Hospital Hangu District Kohat
Din Mr Muhammad	F C Hospital Shabkadar District Peshawar
Khan Dr Sardar	Civil Dispensary Shankar Garh Peshawar
Kapur Dr Asa Nand	Hangu District Kohat
Umar Dr Sayyid Mohammad	S W Scouts Hospital Sarawaka

BRITISH INDIA—*contd**North West Frontier Province—concl'd*

Combined Indian Military Hospital	Landikotal
Hamid Dr Muhammad	South Waziristan Hospital Jandola
Latif Dr Mohammad Abdul	Scouts Hospital Sararogoha
Shafi Dr Mohammad	South Waziristan Hospital Jandola
Chaudhury Jamadar Faiz	
Mohammad Khan	South Waziristan Hospital Jandola
Deas Lt Col L J M	Residency Surgeon and C M O Baluchistan
Mohanj Dr B R	Hoti
Loganadan Captain A D	A D M S s Office Kohat
Chowdry Lieut P	Indian Military Hospital Quetta
Kapadia Major R N	Combined Indian Military Hospital Kohat
Spencer Major J Heatly	Quetta
Gupta Captain S D	Indian Military Hospital Nowshera
Godding Major H C	R A M C Vess Peshawar
Bramsen Dr (Miss) A	Zenana Hospital Mardan
Kochar Captain J R	Combined Indian Military Hospital Bannu

Ajmer Merwara State

Mukerjee Dr B B	Ladnun P O Marwar
Jhrad Dr S J	Bunga ow No 279 Beawar Road Ajmer
Watson Lt Col J W	C M O Rajputana Ajmer
Narain Dr Suraj	Victoria Hospital Ajmer
Bhai Dr Chhotu	Victoria Hospital Ajmer
Narain Dr uraj	Victoria Hospital Ajmer
Mathur Dr M P	Victoria Hospital Ajmer
Charan Dr Shi	Ramsar Ajmer Merwara
Mathur Dr Chhagan Behari Lal	Masuda
Hassen Dr S Khurshid	Government Dispensary Todgarh
Mehta Dr Sampatmall	Sajat Dispensary Marwar
Airania Dr Dwarka Prasad	Government Reserve Victoria Hospital Ajmer
Webster Captain W J	I M H Baroda Camp
Chandrachud Dr R B	C M O Baroda State Baroda
Panust Capt N V	Sanitary Commissioner Baroda State, Baroda

BRITISH INDIA—contd

Benares State

Chaudhri Captam S K C M O, Benares State, Ramnagar.

Bhaonagar State

Motivala, Dr Phirozshaw B C M O, Bhaonagar State, Bhaonagar

Bikaner State

Bandorwalla Dr N J P M O, Bikaner State, Bikaner

Cochin State

Joseph Mr P J Pudukad

Cooch Behar State

Chakravarti Dr D Civil Surgeon Cooch Behar

Dhar State

Sharma, Dr Purushottam State Surgeon Dhar State

Gwalior State

Phatak, Major V M C M O and Sanitary Commissioner,
Gwalior State Gwalior

Sahar Dr B J A Hospital Lashkar

Gokhale Captain V G S M O Jya Arogya Hospital Gwalior

Nehru Dr Kishanlal Sanitary Commissioner Gwalior State,
Gwalior

Antia Dr S S The Mall Morel Gwalior

Nadharni, Major W G Gwalior

Holkar State

Prasad R B Dr Surju Indore

Kalele Dr R W Kannod Holkar State

Tare Dr K G Rampura

Keshar, Dr M R Narayangarha

Solanki Dr T P Mehidpur Dispensary, Mehidpur

Bhude Dr Y K Tarana

Bhandari Dr R V Garoth

Nivasorkar, Dr S N Health Officer, Municipality, Indore City

BRITISH INDIA—*contd**Hyderabad State.*

Coorlawala Dr R N	Superintendent Osmania Hospital Hyderabad Deccan
Puranik, Dr R V	The Osmanshahi Mills Ltd P O Nanded
Shaw, Dr Alice J	Victoria Zenana Hospital, Hyderabad Deccan
Wagray, Captain K N	Residency Road, Hyderabad Deccan.
Inamulla Dr Khaja	Staff Hospital H H H the Nizam's R F Saifabad, Hyderabad
Momnuddin Major Khaja	Medical and Sanitation Department, Hyderabad, Deccan
Surti Dr S B	Hyderabad, Deccan
Hardikar, Dr S W	Hyderabad Deccan.
Wats, Captain R C	Brigade Laboratory, Secunderabad
Clarke Captain G D	Hyderabad, Deccan
Kerr, Dr Isabel	Leprosy Hospital Dichpalli

Jaipur State

Maheshwari Dr Jwala Prasad	Mayo Hospital, Jaipur
Beg Dr Mirza Ashraf	Dispensary, Jhunjhuna
Khanka, R B Dr Daljang Singh	Raj Dispensary, Jaipur

Jashpur State

Hazra Dr Mohini Mohan	C M O, Jashpur State, via Ranchi
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Jodhpur State

Hance Major J B	P M O Raj Marwar, Jodhpur
Mathur Dr J N Kanchand	Central Jail, Jodhpur
Mehta Dr Sheonath Chand	Matn Chok, Jodhpur
Gurtu Dr Niranjana Nath	Health Officer Jodhpur
Tandan Dr Ram Behari	Ladnun Jodhpur

Kashmere and Jammu State

Hugo, Lt Col J H	Director of Medical Service, Kashmir and Jammu.
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Kothawar State

Tyrell, Lt Col J R J	Agency Surgeon Rajkot
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BRITISH INDIA--contd

Mysore State

Fooks Lt Col G E	Upton Bangalore
de Brazer Dr Benjamin Jasper	Isolation Hospital C and M Station Bangalore
Norris Dr Roland V	Indian Institute of Science Bangalore
Sweet Dr W C	C o Senior Surgeon in Mysore Bangalore
Christian Medical Association of India	Chikka Ballapura
Principal Medical College	University of Mysore Bangalore
McPherson Lt Col James	H gh Ground Bangalore
Rao Dr S Subba	Victor a Hospital Bangalore
Karve Dr J V	Deputy Sanitary Commissioner Mysore.
U mon Dr B M	Mysore State Mysore
Robinson Dr J Fletcher	Krishnarajendra Hospital Mysore
Neal Dr Margaret	Zenana Mission Hospital Bangalore
Isvaramurti Dr J A	Superintendent Vaccine Institute Banga lore

Palanpur State

Hajare Dr S S	C M O The Good fellow Hospital Palanpur State Palanpur
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Patiala State

Fox Major C J	Patiala
Wince Dr W G	C M O Patiala State Patiala
Singh Dr Gursaran	Dhak Bazar Patiala

Patna State

Jena Dr Samuel	Bolangi P O
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Poonch State

Mathur R S Dr Ram Gopal	C M O Poonch State Poonch
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Rajputana

Kipp Dr (Miss) Cora I	Tilaunia via Kishangarh P O
Fernstrom Dr (Miss) Helena J	Mari Wilson T B C Sanatorium Tilaunia, via Kishangarh
Hume Dr R M	B B and C I Railway Bandikui Raj- putana

BRITISH INDIA—*contd**Jashpur State*

Vyas Dr Bhairandas	Nagaur Dispensary Nagaur
Puri Dr Hansraj	Gulabpura P O
Purohit Dr B H	Dispensary Luni Junction
Afridi Captain M K	Brigade Laboratory Nasirabad
Mathew Dr Helen	Tilaura via Kishangarh
Shukla Dr R R	State Hospital Shahpura State Shahpura

Sarangarh State

Sen Gupta Dr A C	C M O Sarangarh State Sarangarh
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Savantvadi State

Maheta Dr V D	C M O Savantvadi State Savantvadi
Haldankar Dr R M	Savantvadi State Savantvadi

Travancore State

Tampi Dr K Raman	Travancore State Trivandrum
Somervell Dr T H	Neyoor Travancore State

Assam

Leitch Dr J N	Assam Co Ltd Moran P O
Craighead Capt A C	Pasteur Institute Shillong
Shortt Major H E	Kala azar Commission Gauhati
Roberts Dr Hugh Gordon	The Khasi Hills Welsh Mission Hospital Shillong
Morison Lt Col J	Pasteur and Medical Research Institutes, Shillong
Crozier Dr G G Reverend	Kangpokpi Imphal Manipur
Vardon Dr A C	Pasteur Institute Shillong
Jameson Dr E T	Barjuli P O Assam
Spreadbury Dr H J H	Monachera P O Cachar
Murphy Dr R Anthony	Luskerpore Tea Estate Chandpur Bagan P O Sylhet
Batra Major H L	Civil Surgeon Jorhat
Sen Major J L	Silchar Cachar
Innes Lt Col H	Gauhati
Dass Dr S P	Sylhet
Ahmed, Maulvi Akhtar	Mongoldai

BRITISH INDIA—*contd.**Assam—contd.*

Ramsay Dr G C . . .	Labac Central Hospital, Dewan F O., Kachar
Crunden, Dr E G . . .	Dhubri
Pal Dr Sarada Charan . . .	Srimangal Dispensary, Srimangal P O
Roy, Dr Sitansu Mohan . . .	Khumtai Dispensary
Dam, Dr N . . .	Vaccine Depôt, Shillong.
Williams, Dr David Phillip	Doom Doma P O
Roberts, Dr C L D	Mariposa, Mariani
Bhattacharjee Dr Sudhiranjan	P O Dalgoma Goalpara
Lahiri, Dr Upendra Nath	Tezpur
Hutcheson, Col G . . .	I G Civil Hospitals, Shillong
Blunkworth, Dr K W.	Civil Surgeon, Garo Hills
Murison Lt Col T D	Director of Public Health, Shillong
Sikdar Dr Jatindra Mohan	P O Tezpur, District Darrang
Ghose, Dr Pran Krishna	P O Haltugaon, Goalpara
Purkayastha, Dr Satish Chandra	Tahirpur K A District
Purkayastha Dr Ashutosh Dey	Mahendraganj Dispensary
Gupta Dr Nalini Kanta Sen . .	Nowgong
Sarkar Dr Monmohan	Sadar Dispensary, Tezpur
Klaber, Dr Robert	Golaghat P O
Lushai, Dr Pika	Demagiri P O, South Lushai Hills
Mullins Captain C	Civil Surgeon Naga Hills
Das R S Dr. Ganges Chandra	Imphal P O, Manipur State
Das Dr Pramode Chandra	Pasteur and Medical Research Institutes, Shillong
Karmohar, Dr D D	P O Dhekiajuli Charitable Dispensary Darrang
Baruah Dr Hem Chandra	Kala azar Hospital, Tura Garo Hills
Sarma Dr Bhaba Nath	Kala azar Hospital Tura, Garo Hills
De, Dr Ram Chandra	Kala azar Dispensary P O Nazira Sib sagar
Rohman, Dr Mohamed Khalilur	Dainadubi Dispensary District Goalpara
Karmokar, Dr Nagendra Chandra	P O Nazira District Sibsagar
Bhoral Dr Deveswar	Charingia Kala azar Hospital, P O Ganakpukhuri
Bordolai, Dr Moheswar	Soalkuchi K A Dispensary Moheswar Bandhbi Sualkuchi
Smith, Dr R O A . . .	Kala azar Commission, Gauhati.

BRITISH INDIA—*contd**Assam—contd*

Guha Dr P K	Assam Rifles Hospital and Jail Ajal Lushai Hills
Rohman Dr S M H	Kala azar Survey Duty Camp Khowang
Deb Dr At il Chandra	Kachugaon Dispensary Goalpara
Shilla Dr Domiwell	P O Imphal Manipore State
Kokoti Dr Ramprasad	Pipriwa P W D Dispensary Naga Hills P O Diwapur
Mazumdar Dr Surendra Chandra	P O Lakhimpur Cachar
Thuama Dr	P O Salsuk District Lushai Hills
McIver Major Colin	C/o Messrs Grindlay & Co 54 Parliament Street London S W 1
Das Gupta Dr Joges Chandra	Khetri P O Kamrup
Purkayastha Dr Surendra Chandra	Kalakathkan P O Sachna
Mazumdar Dr Abani Kumar	Amson Kala azar Dispensary P O Dharamtul Nowgon
Palmer Lt Col F J	Binnakandy P O Silchar Cachar
Mukherjee Dr Bharat Das	P O Konghokpi Manipur State
Ao Dr Kazakaba	Wakchung Dispensary P O Kongon
Bhattacharjee Dr Gopi Raman	Deoparah Kala azar Dispensary P O Lugaon District Sylhet
Datta Dr Upendra Chandra	Jail and Police Hospital P O Tezpur
Das Dr Jagat Jiban	Chhatak Dispensary P O Chhatak Dis trict Sylhet
Sarma Dr Amar Chandra	Kala azar Dispensary P O Patharia
Biswas Dr Binode Behari	Kala azar Hospital P O Gouripur Dis trict Goalpara
Nandy Dr Kumud Chandra	Bijni Dispensary P O Bijni District Goalpara
Gupta Captain Priyadar	Assistant Director of Public Health Assam Sylhet
Basu Dr Mohendra Nath	Bha ga Dispensary P O Bhauga Bauzar District Sylhet
Livingstone Dr David	C/o Civil Surgeon Tura P O Garo Hills
Bose Dr Narendra Nath	Kala azar Dispensary P O Dharamtul Nowgong
Chakravarty Dr Mohananda	Char table Dispensary P O Galpur Dis trict Darrang
Das Dr Jogendra Narayan	Civil Hospital Ajal Lushai Hills

BRITISH INDIA—contd

Assam—contd

Sen Gupta Dr Birendra Nath	Nowgong
Das Gupta Dr Mukteswar	P O Bagmara
Meek Dr Donald	Kumbhir P O Cachar
Das Dr Rajani Mohan	P O Hailakandi Cachar
Ojha Dr Aditya Ram	Kochugaon Forest Dispensary Goalpara-
Gupta Dr Satish Chandra	Dhubri (Goalpara)
Ahmed Munshi Fari uddin	Tinsukia
Ghose Dr Shyama Charan	P O Tengakhat District Lakhimpur
Majumdar Dr Giniya Kumar	C/o Civil Surgeon Jorhat
Chowdhury Dr Surendra Nath	Mohokchung
Chaudhury Dr Jogendra Mohan	Dudnai Kala azar Dispensary P O Dawsh District Goalpara
Dey Dr Nepal Chandra	Nowgong
Bhattacharya Dr Ajodhyanath	Beth Kandi Kala azar Hospital P O Mandarkandi District Sylhet
Bhuyan Dr Dambarudhar	Darrang
Majumdar Dr Surendra Nath	P O Abhayapuri District Goalpara
Chaudhuri Dr M Islam	Kamrup Gauhati
Biswas Dr Khagendra Nath	B W Medical School Khaliharwan P O Dibrugarh
Chaudhury Dr Kashirode Chandra	P O Krishnai District Goalpara
Chaudhury Dr Binode Behari	Sootea Dispensary P O Sootea Darrang District
McCoy Lt Col J W	Sylhet
Sen Gupta Dr Profulla Kumar	Civil Hospital P O Kohima (Naga Hills)
Hazorika Dr D	P O Kohima Naga District
Black Dr John	P O Inul South Sylhet
Berlie Dr H C	Seleng P O Seleng Hat
Guney Dr Sheikh Abdul	Kuturi Kala azar Dispensary P O Jakbla Banda Nowgong
Loudon Dr John	Panerihat P O Assam
Graham Lt Col David L ringstone	Dibrugarh
Smith Dr Hugh S	Kalighat P O South Sylhet
Gifford Dr Martha J	A B M Women's Hospital Gauhati
Chatterjee Dr Anukul Chandra	Bijni Raj C W Estate P O Abhayapuri
Basu Dr H P	Civil Surgeon Sadiya Frontier Tract P O Sadiya

BRITISH INDIA—*contd**Assam—contd*

Sen, Dr Amarendra Kumar	Chamata, P O Belsor, District Kamrup
Roy, Dr Suresh Chandra	Jorhat
Kundu, Dr Sarat Sasi	Provincial Public Health Laboratory, Shillong
Das Dr L R	P O Misa, District Nowgong
Gupta, Dr Rasik Chandra	Manu Kala azar Dispensary, P O Hazipur, District Sylhet
Dutta, Dr Devaprasad	Nowgong
De Dr Sura Chandra	Kala azar Dispensary, P O Rangjoh District Goalpara
Chaudhury, Dr Upendra Nath	Rupsa P O, Goalpara District.
Choudhury, Dr Abdul Mumith	Jorhat, Upper Assam
Sarma Dr Ruchi Narayan	Sepakhati Kala-azar Centre, Jorhat
Gupta Dr Surendra Nath Sen	Kala azar Dispensary, Khagra, P O Chikuagoal, Sylhet
Hazle, Dr W A	Lungleh Sub division, Assam
Lyngdoh Captain H	Nowgong
Dutt Dr Surendra Chandra	Jorhat
James Lt Col J F	Red Hill, Shillong
Terrell, Dr Charles G	Chandkhura P O, Sylhet
Laloo Dr S Rieng Khroe	C/o Civil Surgeon, Garo Hills Tura
Das Dr Ramani Kanta	Dibrugarh Outdoor Dispensary
Dunlop, Dr John	Dullabcherra P O, Sylhet
Ghosh Dr Jamini Nath	Gauhati, Kamrup
Ahlquist Dr J A	Jorhat
Sen Dr Ramtaran	Habiganj, Sylhet
Ah, Dr M Mahammad	Samaguri, Nowgong
McLaren, Dr Donald James	Moojrijan
Sen, Dr B C	Sipajhar Dispensary, Mangaldoi, Darrang
Seal, Dr H C	Purainigudam, Nowgong
Marak, Dr Stephenson R	Tura, Garo Hills
Desamukhya, Dr Basistha Kumar	Charnarchar, Sylhet
Dey, Dr Labanya Mohan	Charali Kala azar Department, Charali, Darrang
Das Dr Umesh Chandra	Borjoha Dispensary, Bibija, Nowgong
Bhattacharjee, Dr R K	Singumari Kala azar Dispensary, Kamrup, Nowgong

BRITISH INDIA—*contd*Assam—*concl'd*

Sinha Dr Rajendra Chandra
 Mech Dr D R
 Nandi, Dr Profulla Kumar
 Snaminath, Mr C S
 O Connor, Dr Francis W
 Gupta, Dr P K Das
 Rice, Dr E Milford
 Roy, Dr K K
 d Silva Dr H A H
 Sen, Dr Suroj Bandhu
 Sen Dr Hiranya Kumar
 Wright Dr Allen G
 Gloria Dr Julius teptimus
 Bailey, Dr J Riky
 Dutta, Dr Rish Behary
 Madhyanagar Kala azar Dispensary,
 Madhyanagar, Sylhet
 Kampur Charitable Dispensary, Kampur.
 Sylhet
 Kala azar Commission Camp, Gauhati.
 Panstola P O
 Gauhati
 Lungla Sylhet.
 Assam Medical Service, Dhubri
 Kala azar Commission Gauhati
 Sadhya
 B W School Dibrugarh O
 Pyawuh Borjoh
 Parghat
 Kampur Naga Hills P O Makachung
 Jhanji Dispensary P O Jhanji District
 Sibsagar

Bengal

Connor, Lt Col Sir F P
 Proctor, Lt Col A H
 Mukerjee, Dr S K
 Majumdar, Dr T N
 Banerjee Dr M N
 Galstaun, Dr S G
 Lloyd, Major R B
 Alum Dr Maul Nazir
 Hingston Major H
 Henderson Dr J M
 Acton, Lt Col H W
 Megaw, Lt Col J W D
 Strickland, Dr C
 Stewart, Lt Col A D
 Housman, Dr E
 2 Upper Wood Street Calcutta
 Superintendent's House General Hospital
 Calcutta
 13 Kyd Street Calcutta
 11 Belvedere Road Calcutta
 P O Jessore
 39 Theatre Road Calcutta
 School of Tropical Medicine Calcutta
 Forbesgunj Dispensary Forbesgunj
 Surgeon to H E the Governor of Bengal
 Calcutta
 School of Tropical Medicine, Calcutta
 School of Tropical Medicine Calcutta
 Director School of Tropical Medicine
 Calcutta
 School of Tropical Medicine Calcutta
 School of Tropical Medicine Calcutta
 22, Harrington Street, Calcutta

BRITISH INDIA—*contd**Assam—contd*

Sen Dr Amarendra Kumar	Chimata P O Belsor District Kamrup
Roy Dr Suresh Chandra	Jorhat
Kundu Dr Sarat Sasi	Provincial Public Health Laboratory Shillong
Das Dr L R	P O Misa District Nowgong
Gupta Dr Rasik Chandra	Manu Kala azar Dispensary, P O Hazipur District Sylhet
Dutta Dr Devaprasad	Nowgong
De Dr Sura Chandra	Kala azar Dispensary P O Rangjuh District Goalpara
Chaudhury Dr Upendra Nath	Rupsi P O Goalpara District
Choudhury Dr Abdul Mumith	Jorhat Upper Assam
Sarma Dr Ruchi Narayan	Sepakhati Kala-azar Centre Jorhat
Gupta Dr Surendra Nath Sen	Kala azar Dispensary Khagra P O Chikuagoal Sylhet
Hazle Dr W A	Lungleh Sub division Assam
Lyngdoh Captain H	Nowgong
Dutt Dr Surendra Chandra	Jorhat
James Lt Col J F	Red Hill Shillong
Terrell Dr Charles G	Chandkhira P O Sylhet
Laloo Dr S Riang Khroe	C/o Civil Surgeon Garo Hills Tura
Das Dr Ramani Kanta	Dibrugarh Outdoor Dispensary
Dunlop Dr John	Dullabcherra P O Sylhet
Ghosh Dr Jamini Nath	Gauhati Kamrup
Ahlquist Dr J A	Jorhat
Sen Dr Ramtaran	Habiganj Sylhet
Ali Dr M Mahammad	Samaguri Nowgong
McLaren Dr Donald James	Moojrijan
Sen Dr B C	Sipajhar Dispensary Mangaldoi Darrang
Seal Dr H C	Puranigudam Nowgong
Marak Dr Stephenson R	Tura Garo Hills
Desamukhya Dr Basistha Kumar	Charnarchar Sylhet
Dey Dr Labanya Mohan	Charali Kala azar Department Charali, Darrang
Das Dr Umesh Chandra	Borjoha Dispensary Bibija Nowgong
Bhattacharjee Dr R K	Singimari Kala azar Dispensary Kamrup Nowgong

BRITISH INDIA—*contd*Assam—*concl'd*

Sinha Dr Rajendra Chandra
 Mech Dr D R
 Nandi Dr Profulla Kumar
 Swaminath Mr C S
 O Connor Dr Francis W
 Gupta Dr P K Das
 Rice Dr E Milford
 Rice Dr E K
 Poy, Dr H A H
 d Silva Dr H A H
 Sen Dr Saroj Banthi
 Sen Dr Hiranya Kumar
 Wright Dr Allen G
 Gloria Dr Julius Reptimus
 Bailey Dr J Ruky
 Dutta Dr Rish Behary
 Madhyanagar Kala azar Dispensary,
 Madhyanagar Sylhet
 Kampur Charitable Dispensary Kampur.
 Sylhet
 Kala azar Commission Camp Gauhati
 Panitola P O
 Gauhati
 Lungla Sylhet
 Assam Medical Service, Dhubri
 Kala azar Commission Gauhati
 Sadiya
 B W School Dibrugarh O
 Pysajuli Borjuli
 Pasighat
 Jangur Nagi Hills I O Makachin
 Jhanji Dispensary P O Jhanji Dibr
 Silsagar

Bengal

Connor Lt Col Sir F P
 Proctor Lt Col A H
 Mukerjee Dr S K
 Majumdar Dr T N
 Banerjee Dr M N
 Galstaun Dr S G
 Lloyd Major R B
 Alam Dr Moiz Nazir
 Livingston Major H
 2 Upper Wood Street Calcutta
 Superintendent's House Central Hospital
 Calcutta
 13 Kyd Street Calcutta
 11 Bledere Road Calcutta
 P O Jessore
 39 Theatr Road Calcutta
 School of Tropical Medicine Calcutta
 Forbesgunj Dispensary Forbesgunj
 Surgeon to H E H Governor of India
 Calcutta
 School of Tropical Medicine Calcutta
 School of Tropical Medicine Calcutta
 Director School of Tropical Medicine
 Calcutta
 School of Tropical Medicine Calcutta
 School of Tropical Medicine Calcutta
 22 Harrington Street, Calcutta

Henderson Dr J M
 Acton Lt Col H W
 Megaw Lt Col J W D
 Strickland Dr C
 Stewart Lt Col A D
 Housman, Dr E

BRITISH INDIA—*contd**Bengal—contd*

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BRITISH INDIA—contd

Bengal—contd

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Tomb Dr J W	Mines Board of Health Asansol
Brahmachari Dr Upendra Nath	82 3 Cornwallis Street Shambazar P O Calcutta
Leake Dr A M	C M O B N Ry Kidderpore Calcutta
Taylor Mr H A	39 Chowringhee Calcutta
Chatterjee Dr A P	120 Mukhtaram Babu Street Calcutta
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Mookerjee Dr Bijaya Chandra	Sabir Cottage Dacca
Mazumdar Dr Sidheswar	Mitrapara Nahata P O 24 Perganas
Mukerjee Major S N	Civil Surgeon Chittagong
Bomford Major T L	Civil Surgeon Burdwan
Basu Dr Umaprasanna	32 1 Nayan Chand Dutta Street P O Beadon Street Calcutta
Nandi Dr Pramatha Nath	33 Beadon Street Calcutta
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BRITISH INDIA—*contd**Bengal—contd*

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Barnardo Lt Col F A F	Medical College, Calcutta
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Datta Dr Sibaram	Lawrence Mills P O Chakasi Howrah District
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BRITISH INDIA—*contd**Bengal—contd*

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BRITISH INDIA—cont'd

Bengal—cont'd.

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BRITISH INDIA—contd

Bengal—contd

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BRITISH INDIA—*cond**Bengal—contd*

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Ghosh, Dr Sudhamoy	School of Tropical Medicine, Calcutta
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Pillai, Dr Krishna Venkata chalam	School of Tropical Medicine, Calcutta
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Bengal—contd

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Das Gupta Dr Binoy Mohan	School of Tropical Medicine Calcutta
Ghose Dr Sudhir Kumar	School of Tropical Medicine Calcutta
Poy Dr Nando Lal	School of Tropical Medicine Calcutta
Chatterjee Dr Jogendra Nath	School of Tropical Medicine Calcutta
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Chakravarty Dr Moni Mohan	Medical College Calcutta
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Bengal—contd

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Bansod Dr V B	School of Tropical Medicine Calcutta
Rakha Dr Ram	School of Tropical Medicine Calcutta
Godbolé Dr Krishnaji M	School of Tropical Medicine Calcutta
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Bengal—contd.

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Ghose, Dr Nagendra Nath	Hatkola, Chandernagore
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Ghosh, Dr Jiban Krishna	121, Circular Garden Reach, Kidderpore, Calcutta
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Bengal—contd

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Ghose, Dr Surendranath	118, Amherst Street, Calcutta
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Misra Dr Satyabadi	28, Harrison Road, Calcutta
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Bengal—contd

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Dutt, Dr Bireswar	29, Mahendra Sircar Lane, Calcutta
Sen, Dr Yamini	22, Nilmony Mitter Street, Calcutta
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Bengal—concl'd

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Bombay

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Pillai Dr N C Govindaswami	Arantangi District Tanjore
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Bharucha Major J C	Mangalore
Sattar, Dr Mohamed Abdul	Mummidivaram, East Godavery District (Madras)
Donaldson, Dr R S .	. Leper Settlement Tirumani, Chingleput
Rao R S Dr S Venkatasubba	Royapuram Medical School, Madras
Graham Mr R A D	Medical School, Madura (Madras)
Royapuram Medical School	Madras
Pillai Captain S K	Civil Surgeon, Vizagapatam Agency, Viza- gapatam.
The Municipality .	Madras
Varadachari Dr P S .	. 95 Coral Merchant Street, Madras
Khan, Dr Muhamed Khasim .	. L 2 Hospital, Kavali, Nellore Dist
Scudder, Dr (Miss) Ida S	Missionary Medical School for Women, Vellore, N Arcot
Hingston Lt Col C A F .	. Medical College, Madras
Ware, Mr F .	. Veterinary Department, Madras
Kendrick, Dr J F . .	. 81, Mount Road, Madras.

Madras—concl'd

Ranganathan, Dr V G	Fraser Town Dispensary, C & M Station, Bangalore
Giffard Mission Hospital .	Muzvid, District Kistna (S India)
Raju, Mr Mullapudi Lakshmana	Koraput, Vizagapatam
South India Union Mission of Seventh Day Adventists	Narsapur, W Godavery, S India
O Neill, Lt Col P L	Coimbatore, Madras
Lakshmanan, Dr M S	S Arcot, Cuddalore, Madras
Molony, Major J B de W .	D A D H, Madras District Headquarters, Bangalore
Rajadurai, Dr H K	Grant in aid Dispensary, Gundumallay, Mattupatty P O, S India
Mudaliar, R B Dr A Laksh manaswami	Government Hospital for Women & Child ren Egmore, Madras
Padmanabhan, Dr C K	Mayavaram Madras
Clark, Dr Z M	Sompetta Ganjam District, Madras
Krishnan, Dr B G	Pasteur Institute, Coonoor
Möller, Dr C Fridmodt	Union Mission Tuberculosis Sanatorium, Arogyavaram S India
Ayyar, Dr V Krishnamurti	Madras Veterinary College, Madras
Gopalan Dr E S	Conjeevaram, S India
David, Dr J C	Medical College, Madras
Ramamurti Dr C	Medical College, Vizagapatam
Narayanaswamy, Mr S	Local Fund Dispensary, Kuppani
Vasudevan, Dr A	30 Muthial Chetty Street, Purasawalkam, Madras
Veterinary College	Madras
Benjamin, Dr G I .	General Hospital Madras
Gregory, Dr Helen	Baptist Mission Hospital, Berhampore, Ganjam
Iyer, Dr R. Subbarama	Madras
Viswanathan, Dr K	Madras
Muthu, Dr C	Connemara Hotel Madras
Rao, Dr U Krishna . . .	323, Thambu Chetty Street, Madras
Lobo, Dr A R .	M & S M Railway, Mormugao

Punjab

Maitra Captain G C	Central Research Institute, Kasauli
Kernahan, Major J A A	Rawalpindi
MacKenzie, Lt Col J	Army Headquarters, Simla
Singh, S S Dr Jit	Medical Store Department Lahore Cantt
Carrey, Captain J	29, Mountain View Road Sialkot
Cowie, Dr (Mrs) E A W	Gwalmandi, Rawalpindi
Mayne, Dr Bruce	Central Research Institute Kasauli
Clayton, Dr R V	10, Mayo Gardens, Lahore
Covell, Major G	Central Malaria Bureau Kasauli
Williams, Col A J	Northern Command, Rawalpindi
Hanafin, Major J B	D A D H Headquarters, Lahore District
	Medical Branch, Dalhousie
Bamford, Dr A. V W.	British Military Hospital Ambala Cantt
Cunningham, Lt Col J	Pasteur Institute of India Kasauli
Pasteur Institute of India	Kasauli
Gill, Lt Col C A	Director of Public Health Punjab Lahore
Din, Major Jamalud	Civil Surgeon, Dalhousie
Halliday, Lt Col Herbert	Civil Lines, Rawalpindi
Chand, Dr Amir	Medical School Amritsar
Pennell, Dr Alice M	Cecil Hotel, Simla
Webb Major J R D	Simla Municipality, Simla
Bird Major W	Amritsar
Central Research Institute	Kasauli
Christophers Bt. Col S R	Central Research Institute Kasauli
Ram, Dr Labhu	Mandi Dabwali District Hissar
Ram, Dr Paras	Fazilka District Ferozepore
Heppollette, Dr J F R	Mayo Hospital, Lahore
White, Dr R Senior	Central Malaria Bureau Kasauli
Mackenzie, Lt Col H M	King Edward Medical College Lahore
Nelson, Major J J Harper	King Edward Medical College Lahore
Gibbs Major General A A	D D M S Headquarters Northern Com-
	mand Rawalpindi
Kapur, R B Maharaj Krishna	13 Fane Road Lahore
Harold, Major C H H	A D H & P, Headquarters Northern
	Command Rawalpindi
Hassan Dr S R	Punjab Veterinary College Lahore
Women's Christian Medical	Illiana
College.	

Punjab—contd

Victor Dr A C	Simla
Bakhle Col. C R	I G Civil Hospitals, Punjab Lahore
Puri Major M L	Civil Surgeon, Multan
Barraud Captain P J	Central Malaria Organization Kasauli
Singh Dr Gian	Multan.
Sachdev Dr Ganesh Das	Multan City
Dhir Dr Manohar Lal	Gurdaspore
Chand Dr Gokul	C/o Gokul Chand & Sons Medical Hall Dinanagar
Thomas Captain D R	Lahore
Khan Dr Allah Jowaya	46 Empress Road Lahore
Hamid Dr Abdul	Sialkot
Khanna Dr Bhagat Ram	Shahalmi Gate Lahore
Nath Dr Prem	26 Nisbet Road Lahore
Pal Dr Rajindar	Mur d Wala Dispensary District Lyallpur
Rahman Dr K A	King Edward Medical College Lahore
Puri Dr I M	Central Research Institute Kasauli
Beg Dr Mirza Yaqub	Ahmadya Buildings Lahore
Paull Dr Edith W Gray	B D Women's Hospital Ambala
Das Dr Shib Charan	Phullaur
Punjab Mental Hospital	Lahore
Kapoor Dr Jiwanlal	Ferozepore City
Butt Dr Abdul Hamid	Lahore
Cairns Dr James	C M O N W R Lahore
Hooton Major General A	Simla
Sinton Major J A	Central Malaria Organization Kasauli
Arora Dr A B	Ambala
Scott Dr L A	Female Hospital Kila Sheikhpura
Chand R S Dr Khazan	Central Malaria Organization Kasauli
Ogilvie Major General W H	D W S in India Army Headquarters Simla
Talwar Dr Mukund Lal	Lyallpur
Chandra Captain J	Indian Military Hospital Ferozepore
Hector Dr Mabel	Dow Memorial Hospital Gujrat
Quirke Mr T F	Civil Veterinary Department Punjab
Yacob Dr M	King Edward Medical College Lahore
Ullan Dr Mir Hidayat	Medical School Amritsar
Ikram Uddin Dr	Tuberculosis Institute Lahore

Un ed Prov nces—contd

Clyde Captain D	Lucknow
Govil Dr Shiva Narain	Haldwani Dispensary District Naini Tal
Sprawson Lt Col C A	Medical College Lucknow
Mehta Dr Jaishu Ram	Bara Banki
Walter Dr Agnes A	Dampier Nagar Muttra
Agarwala Dr Brij Basu Lal	Balhia
Naquvie Dr Syed Zaheer Hasan	Jalalpur Dispensary District Fyzabad
Ahmed Dr Syed	S tapur
Luther Dr P C	Fyzabad
Ali Dr Barkat	Saharanpore
Singh Dr Gur Prasad	C/o District Medical Officer of Health Gorakhpur
Sharma Dr Sohan Lal	C/o District Medical Officer of Health Azamgarh
Prasad Dr Bhagwat	C/o District Medical Officer of Health Gorakhpore
Freeman Dr J I A	21 Canning Road Allahabad
Das Gupta Dr G P	Benares Cantt
Medical Association	Benares
Seth Mr Hira Lal	C/o C T S Dispensary P O Exie Kalyan pur District Cawnpore
Re nhold Lt Col C H	Civil Surgeon Meerut
Mohamad Mr Nur	Saharanpur
Gupta Dr P D	Jhansi
Stott Major H	Medical College Lucknow
Tindan Dr R K	Kansar Manzil Lucknow
Roy Dr Beni Madhav	Lucknow
Pandya R B Dr D D	Lucknow
Rahman Major Mohammad Abdul	Medical School Agra
Vyas R B Dr B N	Medical College Lucknow
Khan Dr Saranjam	Lucknow
Chatterjee Dr P N	Lucknow
Shanker Dr Bhupendra	C/o R B Dr Mukund Lal Agra
Agarwala Dr Shivadas	Ghaziabad
Gupta Dr Budh Sen	C o Med cal Officer of Health Azamgarh
Ullah Dr Ahmad	Utraula Dispensary District Gonda

United Provinces—contd

Husain Dr Aiaz	Lucknow
Gupta Dr Bhagwat Swarup	C/o Civil Surgeon Unao
Sharma Dr Makkhan Lal	Deoria District Gorakhpur
Gupta Dr Chuni Lal	Veterinary Hospital Deoria District Gorakhpur
Lal Dr Ma Ian Mohan	C/o District Medical Officer of Health Gorakhpur
Khan Mr Yousofe Ali	Bisalpur District Pilibhit
Khan Mr Abdul Karim	Padrauna Gorakhpur
Din Mr M Jamalud	Benares
Commissariat Dr S H	Lucknow
Kelavkar Captain M K	Indian Military Hospital Jhansi
Lal Dr Mithan	Azamgarh
Prasad Dr Brij Nandan	Basti
Nadir Dr Hadi Hussain	C/o District Medical Officer of Health Bara Banka
Clements Lt Col J E	I G Prisons U P Lucknow
Saksena Dr Murl Dhar	Colonelgunj Cawnpore
Sarup Dr Ram	Gursurai Branch Dispensary, P O Gursurai District Jhansi
Ray Dr Lalit Kumar	Mussoorie
Goyle Dr A N	Lucknow
Bajpayee Captain Ambika Prasad	Nachareu Leper Hospital Dehra Dun
Gupta Dr Chhotey Lal	Benares
Ram Dr Sada	C/o Assistant Director of Public Health Lucknow
Gupta Dr Sri Ram	Basti
Gupta Dr Anand Swarup	Kheri
Singh Dr Chatter	Mirzapore
Martin Dr (Miss) Rachel John	Lakhimpur Kheri
Ram Dr Tulshi	Dispensary Badshapur District Jaunpur
Varma Dr Shri Ram	Kairana
Ali Dr Murad	Jansath Dispensary District Muzaffarnagar
Khan Mr Ali Zaman	Malhatad Lucknow
Qadir Mr Syed Ghulam	Budhana District Mazaffarnagar
Mohamed Mr Sheikh Niaz	Allahabad

United Provinces—contd

Singh Mr Udam . . .	Civil Veterinary Hospital Agra
Khan, Mr Tufail Ahmed .	P O Ghosi, District Azamgarh
Bilgrami, Dr M Uddin . . .	Mitlu Medical Hall Sandila, District Hardoi
Soparkar, Dr M B	Imperial Institute of Veterinary Research, Muktesar, P O Ritani
Hasan Dr Sayid Mahmud	Rae Bareilly (Oudh)
Ullah Dr Hidayat .	Rajapur, District Banda
Sen Roy, Captain K	District Hospital Jaunpur
Varma Dr H D	Azamgarh
Ali Dr Nawab	Allahabad
Sahay Dr Bhagwat	Moth Dispensary, Jhansi
Prasad Dr Tribeni	Katra Dispensary, Allahabad
Shengal Dr Anant Ram	Bailli Hospital Machhli Sahar, Jaunpur
Sahai R S Dr A	Lady Forestor Hospital Sardhana, Meerut
Yusuf Dr Mohammad	District Jail Fatehgarh
Das R S Dr Purshottam	Nawabganj Dispensary, Gonda
Ram Dr Raja	Gola Gokaran Nath, Kheri
Naram Dr Shyam	Bah Agra
Mehra Dr S S	Sikandra Rao Aligarh
Priston Captain W H	Agra
Mathur Mr A P	Shikohabad Mampur
Lal Dr Shankar	Budhana Dispensary Muzaffarnagar
Ram Dr Atma	Bahraich
Lall Dr Chuni	Forest College Dispensary, Dehra Dun
Ali Dr S Farzand	King George Medical College, Lucknow
Gupta Dr B	Eye Hospital Allahabad
Lal Dr Chiranj	Civil Hospital Lalitpur, Jhansi
Chatterji Dr B K	Muttra
Chatterji, Dr C D	18 Cantonment Road, Lucknow
Musquitta Dr J	Lucknow
Saran Dr Kesho	Akula Dispensary, Bareilly
Mathur, Dr. S D	Colvin Hospital Allahabad
Leonard, Lt Col W H	Indian Military Hospital Meerut
Swarup Dr K . . .	Bareilly
Bhatnagar, Dr R P . . .	Chandpur Dispensary, Bijnor.
Gupta Dr B N . . .	Bahraich
Mal, Dr P . . .	Rosra Dispensary, Ballia.

United Provinces—contd.

Parshad, Dr. Reoti . . .	Tarabgunj, District Gonda
Singh, Dr Bhupal . . .	Meerut City
Paul, Dr G E . . .	E I Ry, Tundla
Chakravarty, Dr K D . . .	Ramlal Chakravarty Road, Golagunj P O , Lucknow
Khan Dr Azmatullah . . .	Mariahu Dispensary, Jaunpur
Pal, Dr Dharam . . .	Bari Dispensary, District Sitapur
Ali, K S Dr Masud . . .	Mow Dispensary, District Azamgarh
Hukku, Dr H . . .	2, Aditya Bhaban, Amin ud-doula Park, Lucknow
Lal, Dr Har Krishan . . .	Kasgunj
Nutt, Lt Col H R . . .	Civil Surgeon, Allahabad
Harnie, Dr A Hamilton . . .	Buona Vista Landour, Mussoorie.
Webb, Dr (Miss) M V . . .	Women's Medical School, Agra
Edwards Mr J T . . .	Imperial Institute of Veterinary Research, Muktesar, P O Ritani
Saxena Dr Brij Behari Lal . . .	Branch Dispensary, Sikandrabad, District Bulandshahr
Prasad, Dr Lachhman . . .	Police Hospital, Muradabad
Zahidi, Dr Saghir Husam . . .	Jail and Police Hospital, Bahraich
Hameed, Dr Azizul . . .	Police Hospital Lalitpur, District Jhansi
Barber, Lt Col Charles H. . .	Dehra Dun
Bharadwaja, Dr Devendra . . .	Gangoh, Saharanpur
Sarin, Dr Ranjit Singh . . .	Nadan Mahal Road, Lucknow
Srivastava, Dr Balak Ram . . .	Gonda
Varma, Dr Sunder Lal . . .	Branch Dispensary, P O Shankergarh, District Allahabad
Khan, Dr Yusuf Ali . . .	Sherkhan Sarae, P O Sambhal, District Moradabad
Chand, Dr Manik . . .	Mahroni Dispensary, District Jhansi
Bisht, Dr Brij Mohan Sinha . . .	Bulandshahr
Ismail, Dr Mohammad . . .	Bharatkrup S R Dispensary, District Banda
Singh, Dr Pratap . . .	Police Hospital, Naini Tal
Basu, Dr. J N . . .	Nichlaul Dispensary, Nichlaul P O , Dis- trict Gorakhpur
Srivastava, Dr S P. . .	Gorakhpur
Modi, R B Dr J P. . .	King George's Medical College, Lucknow.
Holroyd, Lt.-Col G . . .	Jail House, Izabnagar, Bareilly

United Provinces—contd

Chandra Captain Ram	Civil Surgeon Bara Banki
Das Dr F Maya	Kheri
Varma Dr M C	Ballia
Singh Dr Thakur Khushnal	Nawabgunj Dispensary Cawnpore
Berlas Dr M M A	Camp Hospital Banbassa
Ali Dr Mohammad Naushey	District Hospital, Bareilly
Shukla Dr Mannu Lal	Jail and Police Hospitals Cawnpore
Jain Dr Pearay Lal	Prince of Wales Hospital Cawnpore
Tandon Dr Harnath	Police Hospital Agra
Pershad Dr Buldeo	Itaunja Dispensary, Lucknow
Singh Dr Thakur Balbir	Pawanyan Dispensary District Shahjahan pur
Lal Dr Misri	Dispensary Chirgaon District Jhansi
Raghuvanshi Dr Daryao Singh	Bageswar Dispensary, District Almora
Kulshreshth Dr Har Swarup	Kheri
Hibbard Dr Harold G	The Monastery, Mussoorie
Mathur Dr Pati Ram	Phulpur Dispensary, Allahabad
Thompson Major Treffy O	Belle Vue Ranikhet Headquarters Meerut District
Gupta Dr B P	Mallawan Dispensary Hardoi
Tiwari Dr Madho Ram	Kanauj Dispensary Farrukhabad
Das Dr Brindaban	Karhel Branch Dispensary Manipur
Bahadur Dr S Lall	Jail and Police Hospitals Partabgarh
Singh Dr Ratan	Ganai Dispensary Almora
Agarwal Dr Ram Sarup	Benares
Das Dr B B	Mau Rampur Dispensary, Jhansi
Singhal Dr Har Swarup	E I Ry Hospital Prayag Allahabad
Sharma Dr Lakshmi Ram	Gangoh Dispensary District Saharanpur
Bhattacharyya Dr A C	Hospital Gyanpure Benares Cantt
Baird Col R F	Civil Hospitals U P Lucknow
Kacker Dr Rajkishore	King Edward VIII Sanatorium Bhowali
Gupta Dr Veda Prakash	Sitapur
Mukharji Dr D K	Rae Bareilly
Hafizullah Dr Hafiz	District Hospital Aligarh
Lall Dr Ram Naram	Civil Hospital, Mussoorie
Verma Dr S D	Jail and Police Hospitals Rae Bareilly
Mathews Captain F W	Civil Surgeon Ghazipur
Mobbs Mr W	Imperial Institute of Veterinary Research, Muktesar, Naini Tal

United Provinces—contd

Menon Mr M B	Imperial Institute of Veterinary Research, Muktesar Naini Tal
Sen, Mr S K.	Imperial Institute of Veterinary Research Muktesar Naini Tal
Iyer Mr P R Krishna	Imperial Institute of Veterinary Research, Muktesar Naini Tal
Pajgopalam Mr V R	Imperial Institute of Veterinary Research Muktesar Naini Tal
Mullick Dr Rajendra Nath	24 Canning Road Allahabad
Hepworth Major S M	V ray Institute Dehra Dun
Dabholkar Major A Y	Brigade Laboratory Bareilly
Pant Dr B C	Bareilly
Newland Dr B E M	Civil Surgeon Moradabad
Mathur R B Dr Sarup Nazam	Civil Surgeon Fatehgarh
Chaudhuri Dr J C Roy	Sadar Dispensary Rae Bareilly
Nigam Dr B P	Azamgarh
Milne Dr R L.	Women's Medical School Agra
Chand Dr Dewan	Police Hospital Etawah
Khan Dr Abdul Shakur	Dispensary Arkha Rae Bareilly
Kees Dr (Miss) J	Dufferin Hospital Allahabad
Mazumdar Captain D C	Ballia
Narayan Dr Indra	C/o District Hospital Ghazipur
Mathur Captain Hargovind Dayal	Provincial Hygiene Institute Lucknow
Mukerjee Dr S M	21 Luxa Benares City
Basu Lt D N	Indian Military Hospital Dehra Dun.
Husain A B Dr T	Civil Surgeon Banda
Mital Dr S L	Ritani Naini Tal
Gurha Dr Sidh Gopal	Civil Surgeon Sitapur
Vidyarthi Dr Shyam Lal	Jail and Police Hospitals Ghazipur
Jafri Dr S Mohammad Hossain	C/o District Medical Officer of Health Jaunpur
Kajoor Dr Jwala Prasad	Korihar Dispensary Rae Bareilly
Srivastava Dr Bhagwati Prasad	C o District Medical Officer of Health Sita pur
Gupta Captain R S	I W Hospital Cawnpore
Blatt Dr	King George's Medical College Lucknow
Gangwar Dr Sardar Singh	Rae Bareilly
Querishi Dr Amir Ahmad	C o Civil Surgeon Bareilly

United Provinces—concl'd

Samad, Dr Abdus . . .	Cawnpore
Khan, Lieut A M . . .	Cawnpore
Greig, Dr. A R H . . .	Dufferin Hospital, Cawnpore
Kirki, Captain Kharag Bahadur Singh . . .	Civil Surgeon, Partabgarh
Mangalik, Dr Vanmali, S . . .	Medical College, Lucknow
Sen, Dr Surendra Nath . . .	The Mall, Cawnpore
Cooper, Dr Hugh . . .	Imperial Institute of Veterinary Research, Muktesar, Ritani P O
Mortan, Dr Una F M . . .	Women's Medical School, Agra
Davies Dr Starniet . . .	Memorial Hospital, Fatehgarh
Chauhan Dr L S . . .	Sujauli Dispensary, Bahraich
Thapar, Dr G S . . .	C/o Lucknow University, Lucknow

BRITISH NORTH BORNEO

Fletcher, Dr Ronald H . . .	Sandakan
Yamanoto, Dr Keizo Igakushi . . .	The Tawao Estate Hospital, Tawao
Lee, Dr T L . . .	Tawau Kuhara Estate
Conyngham Dr H F . . .	Sandakan.
Stookes Dr V A . . .	Sandakan
Dingle Dr P A . . .	Sandakan.
Soft, Dr Madho Ram . . .	Presidency Surgeon, British North Borneo
Sprong Dr F A van der . . .	Bank Pappan (Borneo)

CEYLON

Perera Dr David . . .	Poonagalla Group Hospital, Bandarawalla, Ceylon.
Clemesha, Lt Col W W. . .	Malaria Control Scheme, Highlands, Bandarawalla
Bridger, Dr J F E . . .	Medical and Sanitary Services, Colombo.
Gunasekera, Dr S T . . .	Colombo
Hirst, Dr L. Fabian . . .	Colombo

CHINA

Read, Dr Bernard E . . .	Union Medical College, Peking
Likun, Dr Wei . . .	Chinese Eastern Railway Administration, Harbin.

CHINA—concl'd

Gurton, Dr L. L . . .	Chinese Eastern Railway Administration, Harbin
Teh, Dr Wu Lien . . .	Plague Preventive Service, Harbin
Chen, Dr T C . . .	Health Department, Ministry of Interior, Peking
Lertao, Lt Col Antonio N Rua Fe . . .	Antonio, 10, Macao
Hicks, Dr . . .	Shanghai
Kessler, Dr Adole . . .	Tung Chau University Paulin Hospital, 22A, Burkill Road, Shanghai
Thomas, Dr G H . . .	Tungwah Hospital, Hongkong
Kingtzechun, Dr. . . .	Health Department, Ministry of Interior, Peking
Huchenghsiang, Dr . . .	Union Medical College Peking
Hu Dr Cheng Hsiang . . .	Union Medical College, Peking
Fauet, Dr E C . . .	Union Medical College Peking
Kosuge, Dr Isamm . . .	21, Wuhang, Tsjankehug Peking

CUBA

Hoffmann, Dr W H . . .	Laboratory Finlay Havana, Cuba, Cerro 593
------------------------	--

DENMARK

Madsen Professor Theodore . . .	National Institute of Serotherapy of Copen- hagen
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DUTCH EAST INDIES.

Leber, Professor, Dr A. . . .	Sanatorium Batoe (Malang)
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EAST AFRICA

Kar, Dr Shankar Ramchandra Abhyan . . .	C/o D M S S Dar-es-Salam, Tanganyika Territory
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EGYPT

d'Herelle, Dr F	C/o Quarantine Board Egypt
Dalgamoni, Dr M A K. . . .	Department of Public Health Cairo

ENGLAND.

Ross, Sir Ronald	Ross Institute for Tropical Diseases, Putney Heath, London.
James, Lt.-Col. S. P.	Ministry of Health, London.
Bahr, Dr. P. Manson	School of Tropical Medicine and Hygiene, 37, Torrington Square, London.
Rogers, Sir Leonard	38, Aberdare Gardens, London.
Stephens, Prof. J. W. W.	School of Tropical Medicine, Liverpool.
Needham, Lt.-Col. R. A.	C/o Westminster Bank, 1st James Sq., S. W. London
Fletcher, Sir Walter	15, Holland Street, London.
Mayor, Dr. Thomas Fredrick G.	C/o the Crown Agents for the Colonies, 4, Hill Bank, London.
Hill, Dr. John Maerie	5, Kensington Road, Ipswich, Suffolk.
Esslemont, Dr. Mary	King's Acre, Aberdeen.

FEDERATED MALAY STATES.

Watson, Sir Malcolm	Klang.
Kingsbury, Dr. A. N.	Institute for Medical Research, Kuala Lumpur.
Wellington, Dr. A. B.	F. M. S., Kuala Lumpur.
Fitzgerald, Dr. R. D.	P. M. O., Johor.
Stewart, Dr. E. E.	Whiteaway Laidlaw Building, Kuala Lumpur.
Samuels, Dr. W. F.	St. Oymphno's Tanjong, Rambutan.
Singh, Dr. Gurmukh	Central Mental Hospital, Tanjong, Rambutan
Burne, Dr. T. W. H.	Seremban.
Bridges, Dr. D.	Kedah (Unf. M. S.).
Conoley, Dr. O. F.	Teluk Anson, Lower Perak.
Cosgrave, Dr. A. K.	Kuala Lumpur.
Dive, Dr. R. H.	Raub, Pahang.
Hennessy, Dr. P. H.	Ipoh, Perak.
Hoisington, Dr. G.	The Klang Pharmacy, Klang.
Jackson, Dr. R. B.	Kuala Lipis.
Leicester, Dr. W. S.	Kuantan, Pahang.
Lesslar, Dr. J. E.	Institute for Medical Research, Kuala Lumpur.
Macaskil, Dr. D. C.	Kuala Lumpur.
McHutchinson, Dr. G. R.	Tairing Perak.

FEDERATED MALAY STATES—*concl'd*

Nicholas Dr C J S	Alor Star Kedah
Pou Dr M O	Kuala Lipis Pahang
Scott Dr Waugh	Sungei Siput
Skeen Dr D T	Taiping Perak
Smart Dr A G H	Kedah
Viswalingam Dr A	Kuala Lumpur
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Gabriel Dr M A	Klang
Geale Dr W G	Kuala Krai Kelantan
Moir Dr W J	Seremban

FORMOSA

Miyamoto Major Tsunobu	Taihoku
Morishita Dr K	Government Research Institute Formosa
Horiuchi Prof Tsugio	Medical College Formosa Taihoku
Hatori Dr Juro Igaku Hakushi	Toko Hospital Taihoku
Yoshida Dr Tanso	Yoshida Hospital Taihoku
Yokogawa Dr Sadamu	Government Medical College Taihoku
Oho Dr Otohiko	Government Taihoku Hospital Taihoku.
Kiribayashi Dr Shigeru	Quarantine Office Keelung
Kojima Dr Taiji	Government Medical College Taihoku
Kuraoka Dr Hikosuk	Government Taihoku Hospital Taihoku
Miyamoto Dr Gyotan	Medical Commissioner Formosa

FRENCH INDIA

Labernard Major V G F	Laboratory of Pondicherry Pondicherry
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FRENCH INDO-CHINA

Jourdan Dr E	de la Sante du Tonkin Hanoi
Roton Dr Jean	Saigon.
Hermant Dr P	Vinh Annam
Tri Dr Troung Dinh	de la Sante du Tonkin Hanoi
Babiet Dr J	Pasteur Institute Hanoi.
Barres Dr Le Roy des	De la Sante a Tonkin Hanoi

FRENCH INDO CHINA—*concl'd*

Bernard, Dr Noel	.	Pasteur Institutes of Indo China, Saigon.
Boez, Dr		Pasteur Institute, Saigon.
Borel, Dr J		Pasteur Institute, Saigon.
Bonnaire, Dr Lalung	.	Hospital Indigene de Cochinchine, Cholon
Broudin, Mr	.	Pasteur Institute, Saigon.
Guerin, Dr F H		Bureau d'Hygiene, Cholon.
Guillerm, Mr		Pasteur Institute, Saigon
Institute Pasteur de Hanoi	.	Hanoi
Heymann, Dr P	.	Hospital Indigene, Hanoi
Jacotot, Mr V H		Pasteur Institute, Nhatrang
Lambert, Mr A	.	Pasteur Institute, Saigon
Mesnard, Dr		Pasteur Institute, Hanoi
Morin Dr J H	.	Pasteur Institute, Saigon
Institut Pasteur de Nhatrang	.	Nhatrang
Institut Pasteur de Saigon	.	Saigon
Schein, Mr	.	Pasteur Institute, Nhatrang
Solher, Dr	.	Medicine de l'Assistance Medical, Vinh Annam
Souchard, Dr	.	Pasteur Institute, Saigon
Tardieu, Dr		de l'Hopital, Tourane, Annam
Verrice, Dr	.	Hatink, Annam

GREECE

Montousis, Dr. Constantin	.	Athenes, Rue Scoupha 71
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Brandt, H B	.	.	Bindjei
Driel, B M van	.	.	Seongeï Sengkol
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ARTICLES AND BY-LAWS OF THE ASSOCIATION INCLUDING AMENDMENTS ADOPTED BY THE COUNCIL OF THE SEVENTH CONGRESS

Constitution

ARTICLE 1—TITLE

The name and title of this organization shall be "The Far Eastern Association of Tropical Medicine"

ARTICLE 2—OBJECTS

The Objects of the Association shall be —

- (a) The promotion of the science and art of medicine in the Far East
- (b) The union of the medical profession of the Far East into one compact organization
- (c) The development and diffusion of scientific knowledge
- (d) The promotion of friendly international intercourse between scientific men
- (e) The elevation of the standard of medical education
- (f) The enlightenment of public opinion in regard to the prevention of disease
- (g) The publication of the results of scientific investigations

ARTICLE 3—COMPOSITION OF THE ASSOCIATION

The Association shall consist of ordinary members, associate members, honorary members and honorary advisory members

ARTICLE 4—MEMBERSHIP

1 The ordinary members of the Association shall be medical practitioners, dentists, veterinarians, and all persons who are engaged in the work of the Association.

2
subo

They are not entitled to vote or to attend at any business meeting. They are not entitled to the official publication of the Association.

3 Honorary members may be medical men or scientific workers in countries outside the zone of this Association who have risen to eminence in their respective professions. They may be elected by the Council.

4 The honorary advisory members shall be distinguished official representatives of any nation and distinguished residents of the countries of the Far East. They need not necessarily be medical or scientific men. They may be elected for the period of any Congress by the executive committee of the country in which the Association is holding its triennial session.

CHAPTER 3

Section 1—The Council shall meet before the opening triennial meeting of the Association

Section 2—A majority of the Councillors attending any regular meeting of this Association shall constitute a quorum of the Council, provided at least three members shall be present

CHAPTER 4

Section 1—Nomination of officers shall be made by members from the countries concerned and a majority of the members present at any triennial meeting shall elect such officers. Nomination and election shall take place on the last day of the regular meeting immediately after the close of the scientific work. Any post left unfilled at the General Meeting, or falling vacant later through the retirement or death of an officer, may be filled by appointment of an officer by members residing in the country concerned, providing that such appointment be notified to the General Secretary Treasurer and circulated by him to the other officers of the Association

Section 2—Any question whether a territorial unit is to be recognized as a separate "country" in applying the provisions of the Constitution and By laws shall be decided by the Council, and provided that, between sessions, the General Secretary Treasurer may make a provisional decision which shall hold for the next ensuing Congress

Section 3—The General Secretary Treasurer shall use all reasonable means to give due notice of the approaching meeting (at least six months) to the members of this Association, and the Vice Presidents and local Secretary-Treasurers shall co-operate in giving due notice of the approaching meeting. The local Secretary Treasurer of the country in which the Congress is held shall prepare for publication the official programme of the meeting

Section 4—Each local Secretary Treasurer shall collect and transmit to the General Secretary Treasurer the dues from members and at least one month before the meeting he shall submit to the General Secretary-Treasurer a list of the members proposing to attend together with a list of the titles of papers to be read by the members from his country

Section 5—The General Secretary Treasurer shall be the custodian of such funds of the Association as are collected from membership fees, and shall render to the Council a report of all funds passing through his hands at each meeting of this Association

CHAPTER 5

An emblem and flag shall be deposited at the permanent office of the Association and shall be used at all meetings of this Association. A badge to be worn by all members at the Congress and shall have the country in which the

CHAPTER 6

Section 1—These By laws may be amended by a majority vote of all the members present at any meeting after the amendment has been laid upon the table for at least a day

CHAPTER 7

Section 1—The Council at the first meeting of this Association and at each meeting thereafter, shall provide for the publication of the proceedings, and one copy shall be presented to each ordinary member and such others as the Council may decide

CHAPTER 8

Section 1—No address or paper before the Association, excepting the annual address, shall occupy more than twenty minutes in delivery and no member shall speak longer than five minutes nor more than once on any subject except by unanimous consent

Section 2—All papers read before the Association shall become its property and shall be deposited with the Secretary when read

CHAPTER 9

The deliberations of this Association shall be governed by standard rules of parliamentary procedure such as are contained in Robert's Rules of Order when these are not in conflict with the Constitution and By laws

